TO:	JOSHUA CHOVANEC, REGISTRAR (DUE BY NINTH CLASS DAY)											
VIA:	DEAN											
FROM:	DEPARTMENT HEAD											
DATE:	DATE											
SUBJECT:	CHANGE	XISTING C	OURSES	QUARTER =				YEAR =				
COURSE	NUMBER	NUMBER   SECTION   DAY/TIME			LOCATION		ENROLLMENT		INST. & HRS. TEACH. LOAD		CAMPUS WIDE ID NUMBER	
							LIMITATIONS		(before & after)			
			FROM	TO	FROM	TO	FROM	то	FROM	то	FROM	ТО
									Jane Doe	John Brown (3		
SAMPLE: English	201	3	8 MWF	10 MWF	GTM 203	GTM 205	26	30	(6 hrs-3hrs)	hrs-6 hrs)	123-45-678	321-54-987
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