## Bloomsburg University Office of the Registrar

1630-1745

1800-2100

## REQUEST FOR MASTER SCHEDULE CHANGE

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	~-							<u> </u>			
Indicate Change requested: ADD course/section to the class schedule				Dept. Name Catalog No. Sec. No.							
		information belo									
UP	<b>DATE</b> only the	information liste	ed below.	Course Title							
	NCEL this cou		od below.	Indicate Term: Fall							
CA				Spring							
	Course C	ap Dept. Rese	erve	Summer (1)							
			J	Summer (2) Winter Summer (3)							
Fr	reshman Reserv	e Other									
*Type	MTWRFS	Begin	End I	nstructor ID	PRIN	ΓInstru	ctor Name	3	Bld	g./Room	
			<del></del>	<del></del>						_'	
										_/	
										_/	
		SES ONLY -			% or mor	e asyr	ıchrono	usly?	Yes L	No [	
riease	спеск те ар	propriate on	— Course t	ype below:							
Lec Lecture (Regular Classroom situation; Default code)  Lab Laboratory session  Clin Clinical Experience  Dis Recitation/Discussion (in conjunction w/ lecture or lab)  Seminar  Tea Team Teaching  The Thesis  N Internship			Ent	Enter credits here for courses approved by BUCC as variable credits: (This course is being offered this semester for this many credits.)							
** Onlin	e Course Type										
Blended 30% - 79% Interactive TV Home			RO	OUTING OF T	HIS FORM	[:					
ITV Remote Site Online 80% - 99% Online 100%			Signatu	Signature of Department Chairperson Da				Dat	e		
			 Print De	epartment Chair	person			Dat	ie		
	ndard Meeting										
MWF	MW	TR	Signatu	re of Dean				Dat	 :e		
0-0850		0800-0915 0930-1045									
0-1050		1100-1215	D: C	.11D			_				
00-1150		1230-1345	Print C	ollege Dean				Dat	.e		
00-1250		1400-1515		Rac	in/End Tin	nec 24 1	hour class	k			
0-1350	1530-1645			<b>Begin/End Times 24-hour clock</b> 1:00 pm=1300 6:00 pm=1800							
0-1450	1500 1615	1700-1815			) pm=1400	7:00	pm=1900	)			
	1500-1615	1830-2130			) pm=1500		pm=2000				

4:00 pm=1600 5:00 pm=1700

9:00 pm=2100