Office of the University Registrar
7701 Floyd Curl Drive, MSC 7702
San Antonio, Texas 78229-3900
registrars@uthscsa.edu

Request to Update the Schedule of Classes

This form should only be used when the Schedule of Classes has closed for editing for the term.
Please visit https://students.uthscsa.edu/registrar/2015/03/instructions-for-faculty/ for editing deadlines.

Course Information	**School**
Term_____ Year_____ Subject & Number _____ Section _____ (Example: MEDI 4004) (Example: 001) Title: _____ (Example: Cardiovascular Research)	☐ Graduate School of Biomedical Sciences ☐ School of Dentistry ☐ School of Health Professions ☐ School of Medicine ☐ School of Nursing

Change Type

☐ Add a new class section ☐ Edit an existing class section ☐ Delete a class section

☐ Audit section?† Class Number _____ (Example: 1052) Class Number _____

†Policies on auditing can be found in the catalog.

Modification Details

*Beginning and End Dates _____ - _____
(Example: 1/15/2019 – 5/10/2019)

*Student Permission to Enroll _____

*Enrollment Capacity _____
(Example: 35)

Meeting Times‡ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Time _____ - _____
S M T W T F S (Example: 9:00am – 10:00am)

Distance Education ☐ Face to Face (0-50%) ☐ Hybrid/Blended (51-84%) ☐ Fully Online (85-100%)

Other Change _____

*Required fields for new class sections.
‡Meeting times are always optional.

Requested by _____ Date _____
Print name

Required Approval
Dean's Office Signature _____ Date _____

Please route to registrars@uthscsa.edu for processing after Dean's Office Signature completed.

Registrar Staff Processor _____ Date _____