

**MARYWOOD UNIVERSITY
OFFICE OF THE REGISTRAR**

MASTER SCHEDULE CHANGE

ADD
 CANCEL
 CHANGE

Session: Fall
 Spring
 Summer I
 Summer II
 Summer III

Department: _____

Catalog No: _____

Section: _____

Level: _____

Title: _____

Credits: _____

Instructor: _____

Comments: _____

Class Capacity: _____

Day/Time: _____

Chairperson's Signature

Date

Dean's Signature

Date

For Registrar's Office Use Only

Entered _____

(04-17-07)