Hartnell College - CHANGE Form

FORM MUST BE COMPLETE TO BE PROCESSED

Term:	Course #	‡	Section #	
		Faculty		
Current Faculty Name:		ID#:		
New Faculty Name:				
New Faculty Information				
Full Time: Adjunct		t: New Hire:		
Current Load: +/- Loa		ad Change:	= Proposed Load:	
If Full-time faculty, w	vill new load be assigned as NI	C?		
(Adjunct total load ca	an not exceed 67% without VF	approval) I have reviewed Adju	nct load (Dean Initial)	
If faculty is a new hir	e, have they been entered in I	FCTY?		
Section Information				
Start Date	Current Section	¬	New Section	
(Required)		Start Date		
End Date		End Date		
Lecture Start Time (Required)		Lecture Start Time		
Lecture End Time		Lecture End Time		
Lab Start Time		Lab Start Time		
Lab End Time		Lab End Time		
Days of the Week (Required)		Days of the Week		
Room Assignment		Room Assignment		
Enrollment Cap		Enrollment Cap		
Reason for Char	nge and Comments: (Re	quired)		
	Approved Denied	Deans Signature		
	Approved Denied	-		
	Approved Denied	VP of Student Affairs (LSK/COU Only)	Date	
	Approved	VP of Academic Affairs	Date	
Academic Affairs Use Only		Date entered into Database:		
		Initials:		
Draft 1/29/20 JG				