TO:	BOB VENTO, REGISTRAR (DUE BY NINTH CLASS DAY)			
VIA:	DEAN			
FROM:	DEPARTMENT HEAD			
DATE:	DATE			
SUBJECT:	**CHANGES TO BE MADE IN EXISTING COURSES**	**QUARTER =**	**YEAR =**	

COURSE	NUMBER	SECTION	DAY/TIME		LOCATION		ENROLLMENT LIMITATIONS		INST. & HRS. TEACH. LOAD (before & after)		CAMPUS WIDE ID NUMBER	
			FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO