**Academic Change Request Form**

**UNR Scheduling Services**

**784-6837**

***Please complete the form below if you wish to request a change to your academic schedule. ALL fields must be completed prior to submission. Incomplete forms will not be processed & will be returned to the requesting department.***

***E-mail the completed form to*** [***scheduling@unr.edu***](mailto:scheduling@unr.edu)***. While most changes may be done the same day, you will receive an email response within 2 business days.***

**Department Making Request: Click or tap here to enter text.**

**Name/Phone # of Requestor: Click or tap here to enter text.**

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| **Semester, Course (with Section #) and Class #:**  **(*Example: Fall 2018 ENG 101.1001 88138* )** | **Action Being Requested:** |
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