**Fall 2025 Schedule Adjustment/Closed Class Form**

***Please fill out your information with the classes you would like added to your schedule and take or email this form to the appropriate Academic Division Office of your declared major. DO NOT take this form to the class instructor.***

|  |  |  |
| --- | --- | --- |
| **Division/** | **Room** | **Email** |
| **Arts & Sciences** | **AB 230C** | **Jonah.Leach@pueblocc.edu** |
| **Business & Advanced Technology** | **GC 104** | **Allison.Duke@pueblocc.edu** |
| **Health & Public Safety** | **SMC-1100D** | **Janelle.Dunnington@pueblocc.edu** |
| **Medical & Behavioral Health** | **SMC-A214** | **Susann.Anger@pueblocc.edu** |
| **PCC Fremont Campus** | **GoZone** | **Debbie.Herrera@pueblocc.edu and Jeffrey.Smith@pueblocc.edu** |
| **PCCSW & Mancos** | **GoZones** | **Lisa.Molina@pueblocc.edu** |

First Name: M.I. Last Name: S #:

Phone # (primary): Email Address (student):

Street Address: City: State: Zip

**Example:**

CRN: 12345 Course ID: ENG 1021 Section: 002 Credit: 3 \*Approval Signature:

**ADD CLOSED CLASS**

**Permission Required for Closed Classes: Instructor and Department Chair signatures**

CRN: Course ID: Section: Credit: \*Approval Signature:

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**SCHEDULE ADJUSTMENT ADD**

**Schedule Adjustment Period: August 18th-19th – No signatures required**

**August 20st -22nd – Instructor and Department Chair signatures required**

CRN: Course ID: Section: Credit: \*Approval Signature:

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**STUDENT SIGNATURE authorizes**

* The COF stipend to be applied to your In-State Tuition, and
* Holds you financially responsible for all the above registered courses.

Student Signature: Date:

Processed by: Date: