

Event Title:			
Original Event Date:		New Event Date:	
Original Start Time:		New Start Time:	
Original End Time:		New End Time:	

Change of Request Form - UMSL ITV

*This form must be received before changes are made.

Please submit **ONLY ONE** event change per form.

This form should be used to change an existing event that has already been confirmed.

Site Change Request(s) *			
Originating Site		Add	Remove
1.			
Other Sites			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
*Enter only information that will be changed!			

Contact Information	
Your Name:	
Department:	
Address:	
Phone #:	
E-mail:	

Comments:		
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Person Requesting Change:</td> <td style="width: 20%;">Date:</td> </tr> </table>	Person Requesting Change:	Date:
Person Requesting Change:	Date:	

Please return form to: David Maczynski
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 143 South Campus Classroom Building
 St. Louis, MO 63121-4400
itv@umsl.edu
 Phone: 314-516-7636 - Fax: 314-516-6650