

COURSE SCHEDULE CHANGE NOTICE

SUNY BUFFALO STATE ♦ REGISTRAR ♦ MOOT HALL 210 ♦ 878-4811

Use this form to make changes to an existing section only (**One section per form**). Route completed form to Department Chair, Dean, and then to the Registrar's Office. Use standard Banner input protocols including military time, 4-letter building codes, instructor name and Banner ID, and 3-letter major/minor codes.

DATE	DEPARTMENT	
SUBJECT	COURSE #	CRN #

TERM: FALL 20 _____ SPRING 20 _____ SUMMER 20 _____ A B C I II ES SM J-TERM 20 _____

COURSE SECTION CHANGES: (Check all that apply)

Change Instructional Method to _____

Cross list this section with _____
(Subject, Course #, CRN #)

Cancel this section *(students enrolled or on waitlist will be notified)*

Print in Master Schedule Do Not Print in Master Schedule

Add Instructor Permission Remove Instructor Permission

Change Credit Hours to (if variable) _____
(changes at catalog level must be approved by Assoc. Dean)

Change Course Title to (if variable) _____
(changes at catalog level must be approved by Assoc. Dean)

Add Waitlist or Change Waitlist Maximum Number to _____

MEETING TIMES, LOCATION AND INSTRUCTOR CHANGES: (Check all that apply)

Start Time _____ End Time _____
(use military time) (use military time)

Days _____ Building _____ Room _____

Special start and/or end dates _____

Instructor Name _____
(Last, First)

Instructor Banner ID _____

MAXIMUM ENROLLMENT AND RESERVE/RESTRICTION OPTIONS: (Check all that apply)

Change OPEN Maximum to _____

Freshman-Maximum _____ Sophomore-Maximum _____ Junior-Maximum _____ Senior-Maximum _____ Orientation-Maximum _____

E.O.P.-Maximum _____ All College Honors-Maximum _____ Undergraduate-Maximum _____ Graduate-Maximum _____

Majors (List Major Codes & Maximums)* _____

Minors (List Minor Codes & Maximums)* _____

*For codes, please go to <http://www.buffalostate.edu/banner/faculty.xml> and click on the Major Codes link under Department Chairs and Secretaries

Remove Current Option

ADD TO CURRENT SSATEXT:

CHANGE CURRENT SSATEXT TO:

Department Phone Number _____ Department Fax Number _____

Contact Person _____

Signature of Department Chairperson _____ Date _____

Signature of Dean _____ Date _____

For Registrar's Use



BUFFALO STATE
The State University of New York