

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: _____

For Registrar's Use

Department Phone Number _____ Department Fax Number _____

Contact Person _____

Signature of Department Chairperson _____ Date _____

Signature of Dean _____ Date _____



BUFFALO STATE
The State University of New York