COURSE SCHEDULE CHANGE NOTICE

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

DATE	DEPARTMENT	
SUBJECT	**COURSE #**	**CRN #**

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.

TERM: ❑ FALL 20 _____ E7 ☐ L7 ☐ ❑ SPRING 20 _____ SUMMER 20 _____ ❑ ES ❑ LS ❑ VS ❑ 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 _____ (use military time) End 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

10/30/2013