

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 _____ E7 L7 SPRING 20 _____ SUMMER 20 _____ ES S 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 _____ 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