



SCHEDULE CHANGE REQUEST FORM

SEMESTER: YEAR: _____ FALL TERM A TERM B JANUARY INTERSESSION SPRING TERM A TERM B MAY INTERSESSION SUMMER 1 SUMMER 2 AUGUST INTERSESSION ADULT & CONTINUING EDUCATION	CAMPUS: NEW YORK MIDTOWN PLEASANTVILLE BRIARCLIFF GRADUATE CENTER OFF CAMPUS _____ ONLINE (WWW) ASYNCHRONOUS SYNCHRONOUS* *PLEASE PROVIDE DAY AND TIME <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div>	LEVEL: UNDERGRADUATE GRADUATE DOCTORATE NON-TRADITIONAL <hr/> ADULT & CONTINUING EDU ENGLISH LANGUAGE INSTITUTE NACTEL <hr/>
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ADD: NEW SECTION NEW LAB RE-OPEN SECTION CROSS-LIST SECTION: _____ CO-REQUISITE: _____ PRE-REQUISITE: _____ APPROVAL: _____ RESTRICTION: _____	CHANGE: CAMPUS FROM: _____ TO: _____ CLASS LIMIT FROM: _____ TO: _____ DAY FROM: _____ TO: _____ FEE* FROM: _____ TO: _____ TIME FROM: _____ TO: _____ <small>*SECTION LEVEL FEE CHANGES ONLY APPLY TO NON-TRADITIONAL SECTIONS</small> STATUS: CANCEL / ENROLLMENT: _____	ATTRIBUTES: AOK _____ HONORS IPACE LEARNING COMMUNITY NACTEL TRAVEL SECTION WRITING ENHANCED <hr/> COMMENTS: _____ _____
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SUBJECT	COURSE NUMBER	CRN	DAY	MEETING TIME	CREDIT(s)	CAPACITY	FACULTY

SECTION START DATE: _____ SECTION END DATE: _____ NUMBER OF WEEKS: _____

CHAIRPERSON'S SIGNATURE/DATE: _____

DEAN'S SIGNATURE / DATE: _____



SCHEDULER'S SIGNATURE / DATE: _____

SCANNED: _____

INDEXED: _____