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

WEB-ASSISTED: ☐ YES ☐ NO

LEVEL:

- ☐ UNDERGRADUATE
- ☐ GRADUATE
- ☐ DOCTORATE
- ☐ NON-TRADITIONAL

- ☐ ADULT & CONTINUING EDU
- ☐ ENGLISH LANGUAGE INSTITUTE
- ☐ NACTEL

- ☐ DO NOT DISPLAY ONLINE
- ☐ TUITION WAIVER

TYPE OF CHANGE

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:_____

*SECTION LEVEL FEE CHANGES ONLY APPLY TO NON-TRADITIONAL SECTIONS

STATUS:

- ☐ CANCEL / ENROLLMENT: _____

ATTRIBUTES:

- ☐ AOK_____
- ☐ HONORS
- ☐ IPACE
- ☐ LEARNING COMMUNITY
- ☐ NACTEL
- ☐ TRAVEL SECTION
- ☐ WRITING ENHANCED

COMMENTS:_____

SUBJECT	COURSE NUMBER	CRN	DAY	MEETING TIME	CREDIT(S)	CAPACITY	FACULTY
ACC	203	99999	MW	10:05AM – 12:05PM	3	25	SMITH, R

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

CHAIRPERSON' S SIGNATURE/DATE: _____ DEAN'S SIGNATURE / DATE: _____

OFFICE USE ONLY

☐ PENDING TICKET NUMBER_____ ☐ PROCESSED

COMMENTS:_____

SCHEDULER'S SIGNATURE / DATE: SCANNED: INDEXED: