



REQUEST FOR SCHEDULING CHANGE

Office of Records & Registration, SUNY New Paltz, 500 Hawk Drive, New Paltz, NY 12561-2439
(845) 257-3100 fax: (845)257-3103

Department: _____

Winter Spring Fall Year: _____
 Summer Session # _____

Please perform the following (check all that apply):

- Add Course (for selected topic or modular courses- attach the Selected Topic/ Modular Course Proposal form)
- Add/Change course description/title
- Change schedule type (web, lecture, lab, etc)
- Add/Change Instructor
- Change course day/time
- Change class limit
- Change building/classroom
- Cancel course

Current course information (existing information):

CRN #: _____ Course & Section #: _____ Title: _____ Credits: _____
(example: BUS789 - 01)

1st meet time (select all that apply): M T W R F S U Start time: _____ End time: _____

2nd meet time (select all that apply): M T W R F S U Start time: _____ End time: _____

Building & Classroom: _____ Class limit: _____ Approvals: _____ Schedule Type: _____
(ex. PI or PC) (ex. Web, Lecture, Lab)

Primary Instructor: _____ Instructor Banner ID #: N _____
Last First Required

Secondary Instructor: _____ Instructor Banner ID #: N _____
Last First Required

NEW course/change to existing course information:

CRN #: _____ Course & Section #: _____ Title: _____ Credits: _____
(existing courses only) (example: BUS789 - 01)

1st meet time (select all that apply): M T W R F S U Start time: _____ End time: _____

2nd meet time (select all that apply): M T W R F S U Start time: _____ End time: _____

Building & Classroom: _____ Class limit: _____ Approvals: _____ Schedule Type: _____
(Designate if off campus) (ex. PI or PC) (ex. Web, Lecture, Lab)

Primary Instructor: _____ Instructor Banner ID #: N _____
Last First Required

Secondary Instructor: _____ Instructor Banner ID #: N _____
Last First Required

Meeting Dates /Additional Information: _____

Approved: _____
Signature of Chairperson Date

Processed by Scheduling Office _____
Date

Signature of Dean/Director Date