

SCHEDULE ALTERATION FORM

SB106 (R7/97) 71485-106

A. ALTERATION FOR: _____
quarter year subject course number primary secondary enrollment code
(if assigned)

B. ALTERATION SUBMITTED BY: _____
name department date extension

C. TYPE OF ALTERATION

Indicate the type of alteration to be processed then complete the sections of this form as indicated in the parentheses. Information in unshaded areas is required. Complete shaded areas where applicable.

_____ ADD COURSE (D, E, H if room needed) _____ CHANGE GRADING/ENROLLMENT INFO (D) _____ CANCELLATION (F, G)
_____ ADD SECTION (D, E, H if room needed) _____ CHANGE INSTRUCTIONAL INFO (E; also G if changing days or times; H if room needed)

D. GRADING/ENROLLMENT INFORMATION: Line 2 must be completed for all changes.

1. Add or change to: _____
symbols grd opt PNP exc IP EIF lev lim major control delay sec

2. Changing from: _____
symbols grd opt PNP exc IP EIF lev lim major control delay sec

E. INSTRUCTIONAL INFORMATION: Complete Section G if changing days or times. Be sure to indicate the reason for the change. Line 4 must be completed for all changes.

1. Is this course offered concurrently with another course? Yes _____ No _____
If yes, what is the concurrent course? _____ What is the combined maximum enrollment? _____

2. Is this a required secondary section linked to a primary? yes no If yes, what is the new maximum enrollment of the primary _____
If this maximum exceeds the capacity of your assigned room, submit a separate Schedule Alteration Form for a room change.

3. Add or change to: _____
sc st type inst max np days begin end Bldg/Room Instructor Func
Last name and initials

4. Changing From: _____
sc st type inst max np days begin end Bldg/Room Instructor Func
Last name and initials

F. CANCELLATION: Indicate if the course or only specific sections are being canceled. When completing section G, be sure to provide the reason for the cancellation.

_____ COURSE: The course is canceled for the quarter indicated. No sections will be offered.
List below all primaries and secondaries being canceled. Use additional forms as necessary.

_____ SECTION: Specific sections (primaries and/or secondaries) of the course are being canceled for the quarter indicated.
List below each section being canceled. Use additional forms as necessary.

Pri/Sec	Enroll Code	CC OF	Max Enroll	Days	Begin Time	End Time	Building/Room	Instructor

G. APPROVALS: Cancellations and changes in days/times must be approved by the department chair. Cancellations/changes will be processed upon the approval of the provost/dean of the college.

_____ department chairperson _____ date _____ provost/dean of the college _____ date

REASON FOR REQUEST: _____

H. NEED ROOM

Capacity Needed	Bldg Preference	Special Facility Needs	Possible times (in order of preference)		
_____	_____	_____	Days	Begin	End
			1.	_____	_____
			2.	_____	_____
			3.	_____	_____

Confirmation of Room Assigned (Registrar's Use Only)

days	begin	end	am	pm	building	room	date of assignment

I. COMMENTS: _____

Registrar's Use

Notes: _____ Date: _____

_____ Initials: _____