Multiple Schedule Alteration Form-Add Course/Sections

(Use one form per course)

A. ALTERATION FOR: _____ Quarter _____ Year _____ Subject _____ Course Number

B. ALTERATION SUBMITTED BY: _____ Name _____ Department _____ Date _____ Extension

C. TYPE OF ALTERATION (Check all that apply): ADD COURSE ☐ _____ ADD SECTION(S) ☐ _____

D. GRADING/ENROLLMENT INFORMATION:

_____ sc st _____ symbols _____ grd opt _____ PNP exc _____ IP _____ EIF _____ lev lim _____ major control _____ delay sec

E. 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. Are you adding required secondaries? Yes ☐ _____ No ☐ _____ If yes, what is the new maximum enrollment of the primary? _____ If this maximum exceeds the capacity of the room, submit a separate Schedule Alteration Form for a room change.

_____ Primary _____ Secondary _____ Type Inst _____ Max

_____ np _____ Instructor Last Name and Initials _____ Function

Comments: _____

_____ days _____ begin am pm _____ end am pm _____ Building/Room

If need room:
Minimum Capacity _____
Bldg Preference _____
Special Facilities _____

Alternate Times
Days Begin End
1. _____
2. _____
3. _____

Registrar's use only
Enrollment Code _____
Initials _____
Date _____

Confirmation of Room Assigned (Registrar's Use Only)

_____ Days _____ Begin am pm _____ End am pm _____ Building/Room _____ Date of Assignment

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_____ Primary _____ Secondary _____ Type Inst _____ Max

_____ np _____ Instructor Last Name and Initials _____ Function

Comments: _____

_____ days _____ begin am pm _____ end am pm _____ Building/Room

If need room:
Minimum Capacity _____
Bldg Preference _____
Special Facilities _____

Alternate Times
Days Begin End
1. _____
2. _____
3. _____

Registrar's use only
Enrollment Code _____
Initials _____
Date _____

Confirmation of Room Assigned (Registrar's Use Only)

_____ Days _____ Begin am pm _____ End am pm _____ Building/Room _____ Date of Assignment

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_____ Primary _____ Secondary _____ Type Inst _____ Max

_____ np _____ Instructor Last Name and Initials _____ Function

Comments: _____

_____ days _____ begin am pm _____ end am pm _____ Building/Room

If need room:
Minimum Capacity _____
Bldg Preference _____
Special Facilities _____

Alternate Times
Days Begin End
1. _____
2. _____
3. _____

Registrar's use only
Enrollment Code _____
Initials _____
Date _____

Confirmation of Room Assigned (Registrar's Use Only)

_____ Days _____ Begin am pm _____ End am pm _____ Building/Room _____ Date of Assignment

NOTES: _____