

Course Term Update Form

Term _____ Year _____

TO: Academic Scheduling
Office of the Registrar
Regent 105
20 UCB
Ext. 2-6619, 2-4570, 2-8669

From: _____
Dept: _____
Phone Ext. _____
E-mail: _____
Date: _____

Instructions

- Please fill out all information completely.
- All departments must have the approval of the department chair.
- All schools and colleges must have the approval of the dean.

_____ Add _____ Cancel

Change:

_____ Time
_____ Rooms and Building
_____ Instructor
_____ Other _____

Subj: _____ Course # : _____ Section: _____
Title: _____
Subtitle Code (from screen 126): _____
Activity Type (circle one) LEC REC LAB MLS
STU FLD PRC SEM OTH INT
Credit Hrs: _____ Enrollment Limit Max: _____

Instructor: _____
Employee ID: _____

Time

Start: _____ A.M.
P.M.
Stop: _____ A.M.
P.M.
Session Dates: _____
Days: M T W R F S U
(Circle Days)

Combined Sections

Sponsor _____
Nonsponsor _____
Sponsor Section Max _____
Nonsponsor Section Max _____
Combined Section Total _____

Building/Room

Building: _____
Room: _____

Approvals

Department Chair Date

Dean Date

Academic Scheduling Date

Wait List: ___ Automatic ___ Seq.* ___ None
Applied Fee: ___ Yes ___ No

*Department is responsible for wait list rules, screen 144

Comments: _____

CONT
ENR

SECT
LINK

PRT

PRT
CRLST

PRT
PRERQ

SCHED
SEQ

REV
CODE

(Revised: 06/06)