



**SCHEDULING CHANGE REQUEST
SELECTED TOPIC / MODULAR COURSE PROPOSAL**

For Selected Topic: Submit this form for EACH selected topic or modular course scheduled.

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 Summer Year: _____

CRN #: _____ Course Number: _____ Title: _____

Title Abbreviation (maximum 23 characters including spaces): _____

Change to existing course (Use space below to indicate changes):

- Day / Time Instructional Mode Title Limit DLE Merge (justification required)
- Instructor Status Part of Term Footnote

Add Course

Primary Day/Time: _____ Secondary Day/Time: _____

Building & Classroom: _____ Class limit: _____ Approvals: _____ Instructional Mode: _____

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

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

Part of Term: _____ Status: _____ (pending, active or cancelled)

DLE Merge: Yes No

DLE Merge Parent Course #: _____ DLE Merge Child Course #: _____

Footnotes / Course Description: (if course has specific dates, please note them here)

For selected topic only:

Prerequisites:

Restrictions: (specify Major/Minor codes)

Approvals: _____
Signature of Chairperson Date

Processed by Records and Registration Date

Signature of Associate Dean Date