

**Office of the Registrar  
Scheduling Office  
Section Update and Revision Form**

Year \_\_\_\_\_

FALL     SPRING     SUMMER

Add                       Cancel  
 Revise/Change         Cancel/Reschedule

**Cancel & Cancel/Reschedule Criteria:** Changes to dates, days, time, title, credit hours, special fee/fee code and adding or removing a special approval. **Signatures required.**

**Fax to Scheduling 277-7585  
2 Business day turnaround on all revisions – Don't forget to check LoboWeb.**

Form Initiated by: \_\_\_\_\_ Title: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email \_\_\_\_\_ Campus: \_\_\_\_\_

**STEP 1: Current/New Course Information** must be filled out *completely*

CRN# \_\_\_\_\_ Subject Code: \_\_\_\_\_  
Course #: \_\_\_\_\_ Section: \_\_\_\_\_ Section Capacity \_\_\_\_\_  
Title: \_\_\_\_\_  
(30 Characters Only)

**Part of Term** (must circle one)  
1 = Full Term    1H = 1<sup>st</sup> Half    2H = 2<sup>nd</sup> Half    3Q = 12 Weeks  
Spring/Fall

Open Learning     Duration \_\_\_\_\_  
Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Credit Hours: \_\_\_\_\_ Schedule Type: \_\_\_\_\_  
Days: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Building: \_\_\_\_\_ Room: \_\_\_\_\_  
Days: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Building: \_\_\_\_\_ Room: \_\_\_\_\_ Offered for CR/ NC  
Yes     No

Instructor 1 (Last Name, First) \_\_\_\_\_  
Banner ID # \_\_\_\_\_

Instructor 2 (Last Name, First) \_\_\_\_\_  
Banner ID # \_\_\_\_\_  
Fee Code \_\_\_\_\_ Fee Amount \$ \_\_\_\_\_  
Section Comments: \_\_\_\_\_

**STEP 2. Revise/ Reschedule** only information to be updated

CRN# \_\_\_\_\_ Subject Code: \_\_\_\_\_  
Course #: \_\_\_\_\_ Section: \_\_\_\_\_ Section Capacity \_\_\_\_\_  
Title: \_\_\_\_\_  
(30 Characters Only)

**Part of Term** (must circle one)  
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Credit Hours: \_\_\_\_\_ Schedule Type: \_\_\_\_\_  
Days: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Building: \_\_\_\_\_ Room: \_\_\_\_\_ Offered for CR/ NC  
Yes     No

Instructor 1 (Last Name, First) \_\_\_\_\_  
Banner ID # \_\_\_\_\_  
Fee Code \_\_\_\_\_ Fee Amount \$ \_\_\_\_\_  
Section Comments: \_\_\_\_\_

**Special Approval**

AA	Academic Advisor
DN	College Dean
DP	Department
FA	Faculty Advisor
HA	Honors Advisor
IN	Instructor
PD	Program Director

**Crosslist or Offered With**

CRN \_\_\_\_\_  
CRN \_\_\_\_\_  
CRN \_\_\_\_\_  
CRN \_\_\_\_\_

**Required Information and Signatures for Cancellations and Reschedules:**

**Reason for Cancellation and/or Reschedule:** \_\_\_\_\_

**Department Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**College Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_