



Purchase College

STATE UNIVERSITY OF NEW YORK

SECTION CHANGE FORM

****PLEASE PRINT or FILL OUT****

CURRENT INFORMATION

SEMESTER _____

DATE _____

COURSE & SECTION NUMBER _____

CRN _____

COURSE TITLE _____

DAY(S) AND TIME(S) _____

COMPLETE THE ENTIRE TOP PORTION OF THIS FORM.

SECTION CHANGES:



CANCELLATION - REASON: _____

DAY: _____

TIME: _____

ROOM: _____

INSTRUCTOR: _____

IF THIS IS A NEW INSTRUCTOR, FILL OUT THE **NEW FACULTY FORM**

ADD ATTRIBUTE(S): _____

RESTRICTION: _____

(EX: PERMISSION OF INSTRUCTOR REQUIRED, MAJORS ONLY, FRESHMEN ONLY)

SPACES: **Total # of
Students**



spaces for new students _____

spaces for any student _____

spaces for _____ **major** _____

spaces for _____ **major** _____

spaces for _____ **major** _____

CHANGE APPROVED BY: _____

(CHAIR/DIRECTOR OR DESIGNEE)

REGISTRAR'S OFFICE USE ONLY

☐ **Banner**

Date _____ **Initial** _____