

SUNY PURCHASE COLLEGE
SECTION CHANGE FORM

Current Section Information

Semester: _____ Date: _____

CRN: _____ Course Number: _____

Course Title: _____

Day(s) and Time(s): _____

Please complete the entire top portion of this form.

Section Changes

Please indicate only the details that are changing. Room requests may be sent by email to Registrar@purchase.edu.

Day(s): _____ Time(s): _____

_____ Please initial here to indicate that all registered students have been informed of the above changes (required).

Instructor: _____ PID: _____

Capacity: _____

Restrictions: _____

(e.g., POI required, majors only, freshmen only. If changing restrictions on the catalog level, please use a course change form.)

Attributes: _____

(If changing attributes on the catalog level, please use a course change form.)

***Change Approved By:** _____

(Chair/Director or Designee)

*To cancel a course, please use the **course cancellation form** to be submitted to Academic Affairs.*