OFFICE OF THE REGISTRAR

COURSE MODIFICATION FORM – TERM & YEAR: _____

DO NOT USE THIS FORM TO ADD COURSES

Department:_____ **Ext.:**_____

Delete (D) OR Modify (M) OR Cancel (C)	CUNYfirst Class Number	Division Day (D) Evening (E) or Grad (G)	Subject Area (Discipline)	Catalog Number (Course Number)	Section (include alpha & numeric code for sections on bell schedule)	Enrollment Capacity	Days	Times	Indicate: online, writing intensive or special program	Instructor (Please include entire last name, first name, and EMPLID)	Comments: restrictions and/or permission, co-req, cross-listed, meets with, title change, room request, Media Center request etc.
Sample	5432	D	PSY	123	A301	35	Mon/Wed	2:00-4:40pm	Online Hybrid	Last Name, First Name 8-Digit EMPLID	Meets with SOC 166

_____ _____ _____ _____

Department/Program Head Approval Date Dean's Approval Date