

Course Add/Change Form

College: _____ Department: _____ Year: _____ Term: _____

Contact: _____ Email: _____ Phone: _____ Fax: _____ Date: _____

Edit:
A = Add course
D = Delete/Cancel course
C = Change

Instr. Mode:
P = In Person
01 = Online only – TBA Mtg Pat
02 = Online only – w/ Mtg Pat
03 = Online – TBA w/ Few Campus Mtg
04 = Online – Mtg Pat w/ Few Campus Mtg
05 = 2Pat-Mtg Pat & TBA
06 = 2Pat-Mtg & OL Pat
10 = Online only – 2Pat
11 = Online-2Pat

SUMMER ONLY
Dates: 10 wk = 10 week course
5 wk1 = First 5 week course
wk2 = Second 5 week course

***Please note:** All columns in a row must be completed only when adding a new class. If you require more rows, submit an additional form (no need to fill out top section).

| Edit | Course Subject | Sec # | Component (Lec/Sem/Lab /Act/Sup) | Unit Value | Class Assoc # | Instr. Mode | Sched Print (Y/N) | Mtg. Pattern | Start Time | End Time | Empl ID (required to add Instr) | Enroll Cap | Consent Type (D/N) | Room Preference* | Dates (Summer only) | Comments: (LAB room, Class notes #, Class Topic, Off Campus) |
|------|----------------|-------|----------------------------------|------------|---------------|-------------|-------------------|--------------|------------|----------|---------------------------------|------------|--------------------|------------------|---------------------|--|
| A | EXAMPLE | 01 | LEC | 3.0 | 1 | P | Y | TR | 0800 | 1000 | TBA | 5 | D | MH 324 | 5 wk1 | OFF CAMPUS, CLASS NOTE: 61, 97 |
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*Room will be scheduled on available basis.

****Required signatures – If signatures are missing request will be returned.**

You may submit this form via email to trang.duong@sjsu.edu. If so, type your name in the signature line and note in your email that “I have reviewed and approved the attached form”. This will serve as your signature.

Dean’s Signature or College Rep**: _____ Chair’s Signature**: _____