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
5 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 #	Inst. 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

*Room will be scheduled on available basis.

****Required signatures – If signatures are missing request will be returned.**
A template of this form is also available in Docusign.

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

One Washington Square San Jose, CA 95192-0135 Tel 408-924-2670 **|** Fax 408-924-2666
Email cpge@sjsu.edu **|** Web www.sjsu.edu/summer & www.sjsu.edu/winter

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