State University of New York at Buffalo
Course Maintenance Form

DIV: ☐ SEMESTER: ☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20___

DEPT ABBR: ☐☐☐ SEC: ☐☐☐

ENTITY CODE: ☐☐☐☐ CRS TYPE: ☐☐☐

CRS NO: ☐☐☐ REG NO: ☐☐☐☐☐☐

CREDIT HOURS ☐☐.☐☐ TO ☐☐.☐☐

DAYS OFFERED ☐☐☐☐☐☐☐ **START TIME** ☐☐:☐☐ **TO** ☐☐:☐☐

CAMPUS ☐ **BUILDING** ☐☐☐☐☐☐ **ROOM** ☐☐☐☐

FORCE CAPACITY ☐☐☐ **MAX ENROLL** ☐☐☐ **RESV FOR MJRS** ☐☐☐

INSTR NAME ☐ ☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

INSTR PN ☐☐☐☐ ☐☐☐☐ **IF NO PN, SS#** ☐☐☐ ☐☐ ☐☐☐☐

BEGIN DATE ☐☐ ☐☐ **TO** ☐☐ ☐☐ **EXAM INDICATOR (Y OR N)** ☐

FUND TYPE ☐ **BUDGET ACCOUNT NUM** ☐☐☐☐☐☐☐☐☐☐

PREREQS ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐

NOTES ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐