

**Records & Registration**
**University at Buffalo**  
*The State University of New York*

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***CRITICAL CHANGE FORM******All sections on this form must be complete before submission.***

Semester:

Dept Abbreviation  
(AAS):

Section Id (ABC):

Entity Code (0167):

Course Type (LEC):

Course Number (101):

Reg Number (123456):

Is your department the funding department? Y or N: \_\_\_\_\_

Is this course cross-listed? Y or N: \_\_\_\_\_

Enter course in which this course is cross-listed with:

DEPARTMENT	CRS #			SEC ID			REG. NUMBER				

Does this change also apply to the above cross-listed courses ? Y or N: \_\_\_\_\_

Item being changed: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Item being changed: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Item being changed: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Item being changed:\_\_\_\_\_

From:\_\_\_\_\_To:\_\_\_\_\_

Would you like the course DELETED from the semester file? \_\_\_\_\_.

\_\_\_\_\_

Department

Scheduler:\_\_\_\_\_Date:\_\_\_\_\_

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