

**STATE UNIVERSITY OF NEW YORK AT BUFFALO  
CROSS LIST FORM**

Semester/Year:      Fall      \_\_\_\_\_      Spring      \_\_\_\_\_      Summer      \_\_\_\_\_

Department: \_\_\_\_\_ Entity Code: 

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 Crs Title: \_\_\_\_\_

Departments allowed to crosslist:

|    | Department                                                                                                                                                                                             | Crs # | Section | Reg # | Force Cap                                                                                                                                                                                              |  |  |  |                                                                                                                                                                                                        |  |  |  |                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |                                                                                                                                                                                                        |  |  |  |
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Instructor name: (please print) \_\_\_\_\_

Instructor Person Number

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If no Person Number is available, SS#

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Days (circle all that apply) M T W R F S Budget Account # \_\_\_\_\_

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Semester/Year:      Fall      \_\_\_\_\_      Spring      \_\_\_\_\_      Summer      \_\_\_\_\_

Department: \_\_\_\_\_ Entity Code: 

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 Crs Title: \_\_\_\_\_

Departments allowed to crosslist:

|    | Department                                                                                                                                                                                             | Crs # | Section | Reg # | Force Cap                                                                                                                                                                                              |  |  |  |                                                                                                                                                                                                        |  |  |  |                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |                                                                                                                                                                                                        |  |  |  |
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Instructor name: (please print) \_\_\_\_\_

Instructor Person Number

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Days (circle all that apply) M T W R F S Budget Account # \_\_\_\_\_

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Dept. Scheduler \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Dean's Signature \_\_\_\_\_ Date: \_\_\_\_\_