San Francisco State University
Academic Resources

Campus Solutions
Schedule of Classes Change Form

REQUESTED BY: _____   **DATE:** _____

TERM: _____

FOR AR USE
PROCESSED BY: _____
DATE: _____

CMB ID	SUBJECT	CAT. NBR	SESSION/ SECT.	MTG PAT NBR		ATTRIB.	TOPIC ID	CLASS STAT	SCHED PRINT	ENR TYPE	ADD CONSENT	FACILITY ID	PAT	MTG START	MTG END	LRN MODE	SFSU ID	INSTR PRINT	LOAD FACTOR	ENR CAP	WAIT LIST	NOTE NBR
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COMMENTS: