** SPECIAL CONDITIONS, CONCURRENT AND CROSS-LISTED COURSES SHOULD BE SENT IN BY SEPARATE MEMO TO SCHEDULER.

SCHEDULE OF CLASSES
UNIVERSITY OF HAWAIʻI
MANOA CAMPUS

PAGE_____OF_____

SEMESTER/TERM_____

DATE SUBMITTED_____

APPROVED_____
(College Dean)

FROM:_____
(DEPARTMENT CHAIR)

JUSTIFICATIONS:_____
(FOR REVISIONS ONLY)

Print Y/N (1)	Restriction or Approval (2)	Course Ref No. (3)	Subject (4)	Course Number (5)	Section Number (6)	Sched Type (7)	Grp Code (8)	Overall Max (9)	Sec Max (10)	Meeting Days (11)	Start Time (12)	End Time (13)	Mtg Line (14)	Building (15)	Room (15)	Instructor's ID (16)	Instructor's Name (17)	Ind (18)

Required Fields:

A (Adding a new section) – Fill out all applicable fields except the CRN; Banner will assign CRN.

C (Changing section information) – List CRN, Subject, Course Number, Section Number, Indicator, and the information that is changing. If the instructor is changing, list the new instructor's ID number, as well as, the instructor's name. If instructor is a new hire, the following must also be provided: SSN, full name (including middle name), date of birth, and gender.

D (Deleting a section) – List CRN, Subject, Course Number, Section Number and Indicator.

Existing sections without CRNs provided will be processed LAST, when time permits us to look them up.