Mississippi Valley State University

Semester Schedule Transaction Form

Semester/Term: ___Fall Semester_____ ___Spring Semester_____ ___Summer I Term_____ ___Summer II Term____

Department: _____

Code	*CRN	Course #	Section	Course Title	Credit Hours	Time	Days	Bldg/Rm	Instructor	Class Limit

Codes: A=Add Course *C=Change Course D=Delete Course

* The initial CRN will be assigned when the course is entered in Banner.
* If changing a course, only include the CRN & the change(s).

Dept. Chairperson's Signature:_____ Date:_____ Vice-President for Academic Affairs: _____ Date:_____

Revised: 9/19/2014