

The University of Texas at San Antonio
Request to Reduce Course Enrollment Maximums Below Room Capacities

DEPARTMENT: _____

1. Semester: _____

OR

2. Is this enrollment cap for all sections of the course offered in future semesters? _____

Contact Person: _____ Extension: _____

COMMENTS: _____

APPROVAL

DEPARTMENT CHAIR

DATE

CRN	SUBJECT	COURSE NBR	SECTION	ENROLL MAX	JUSTIFICATION FOR REQUEST

For Classroom Scheduling Use

CHANGES PROCESSED: _____ DATE: _____