TECH-PREP
SECTION INFORMATION FORM

Year/Term
Subject: __________ Course Number: _______ Section: _______ Credits: _______
Course Title: _____________________________________________________________ Class Cap: _______
(Limited to 26 spaces)
High School: __________________________ Location: _______________________
Section Dates Start _______ End _______
Restrictions / Rules

INSTRUCTOR INFORMATION
(The following information is required for Datatel Colleague)
Name: __________________________________ SSN/ID: _______________
(Print Full Legal Name)
(Fill out the Information below if this is a new faculty)
Mailing Address: _________________________________________________________
City: __________________________ State: ________ Zip: ____________
Work Phone: _____________________ Home Phone: _________________________
E-mail Address: ___________________ Birthdate ________________

FOR STUDENT ACCOUNTS’ OFFICE USE ONLY
BILLING METHOD (Term or Section): __________________________ AR CODE: __________________ (ALL) (FIXED)
REFUND POLICY: __________________________________ AR CODE: __________________ (ALL) (FIXED)

DIRECTOR: ___________________________ DATE: ______________
REGISTRAR’S OFFICE: ______________________ DATE: ______________
STUDENT ACCOUNTS’ OFFICE: __________________________ DATE: ______________