

## SECTION APPROVAL FORM

Use this form to create new sections, which includes the change in instructional method.

Other changes to existing sections can be e-mailed to the Registrar's Office (instructors, rooms, times, days, caps, etc.)

TERM \_\_\_\_\_ YEAR \_\_\_\_\_ LOCATION \_\_\_\_\_ ONC \_\_\_\_\_ CDA \_\_\_\_\_ Dist Learning \_\_\_\_\_ Other \_\_\_\_\_

SUBJECT \_\_\_\_\_ COURSE # \_\_\_\_\_ SECTION # \_\_\_\_\_ # OF CREDITS \_\_\_\_\_

TITLE (26 characters max) \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ FEES \_\_\_\_\_

INSTRUCTIONAL METHOD    LEC    HYBF    WEB    TELR    TELS    LAB    ACT

FACULTY NAME (printed, legal) \_\_\_\_\_ ID/SSN \_\_\_\_\_

(Submit all information for new faculty to Human Resource Services.)

BUILDING \_\_\_\_\_ ROOM \_\_\_\_\_ CLASSROOM NEEDS \_\_\_\_\_

START TIME \_\_\_\_\_ END TIME \_\_\_\_\_ DAYS \_\_\_\_\_

CAPACITY \_\_\_\_\_ CROSS LIST WITH \_\_\_\_\_

RESTRICTIONS AND/OR RULES \_\_\_\_\_ WAITLIST    YES    NO

### FOR STUDENT ACCOUNT SERVICES OFFICE USE ONLY

BILLING METHOD (Term or Section): \_\_\_\_\_ AR CODE: \_\_\_\_\_ (ALL) (FIXED)

REFUND POLICY: \_\_\_\_\_ AR CODE: \_\_\_\_\_ (ALL) (FIXED)

### APPROVAL SIGNATURES

DIVISION CHAIR: \_\_\_\_\_ DATE: \_\_\_\_\_

REGISTRAR'S OFFICE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTROLLER'S OFFICE: \_\_\_\_\_ DATE: \_\_\_\_\_