

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 _____ Online _____ Other _____

SUBJECT _____ COURSE # _____ SECTION # _____ # OF CREDITS _____

TITLE (26 characters max) _____

START DATE _____ END DATE _____ FEES _____

INSTRUCTIONAL METHOD _____ LEC _____ HYBF _____ WEB _____ VRT _____ T ACT _____ WRK _____ Other _____

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: _____

STUDENT ACCOUNTS: _____ DATE: _____