Course Section Request

Term: Request Type: New Section   Update Current Section

Provide CRN for current course section:

Course Section Information:

Subject: Course Number: Section Number:

Course Title (Short Title):   Cross List Code:

Provide all CRNs attached to cross list code:

Campus: Schedule Type: Instructional Method:

Integration Partner: Grade Mode: Part of Term:

Credit Hours: Billing Hours: Contact Hours:

Contact Type: Gradable: Status:

Course Section Long Title:

Course Section Schedule Restrictions:

Field of Study Restrictions: Class Restrictions: Level Restrictions:

Program Restrictions: Campus Restrictions: College Restrictions:

Course Section Schedule Test Score(s) and Pre-Requisite(s) Restrictions:

Test Code: Test Score:

Course Subject: Course Number: Level: Grade:

For additional test score and pre-requisites restrictions, provide test code and score, course subject, course number, level, and grade.

Course Section Enrollment Information

Maximum Enrollment: Meeting Type:

Class Schedule: Mon.   Tues.   Wed.   Thur.   Fri.   Sat.   Sun.

Class Start Time: Class End Time:

Provide any additional schedule date(s) and time(s) needed:

Course Section Instructor Information

Primary Instructor:

Instructor R#:   Instructor Name:

Primary Indicator: Override Indicator:

Instructor Percentage of Responsibility: Instructor Percentage of Session:

Secondary Instructors:

Instructor R#:   Instructor Name:

Override Indicator:

Instructor Percentage of Responsibility: Instructor Percentage of Session:

Instructor R#:   Instructor Name:

Override Indicator:

Instructor Percentage of Responsibility: Instructor Percentage of Session:

Do you have additional instructors?   Yes   No

Provide any additional instructor(s) information: Instructor name and R#, primary indicator (if applicable), override indicator (if applicable), percentage of responsibility and percentage of session.

Justification for new/update course section request:

Additional information or needs:

Course Section Request Approvals:

Requestor: Date of Request:

School Approver: Dean or Dean's Representative: Registrar's Office:

Submit completed form to classroomscheduling@ttuhsc.edu