

**Purpose of Submission:**

**Term:**  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

Add section to schedule..... **Course Number:** \_\_\_\_\_

Discipline(4 char) \_\_\_\_\_ Number(3-5 char) \_\_\_\_\_

Section change\* ..... **Section Number:** \_\_\_\_\_

Discipline(4 char) \_\_\_\_\_ Number(3-5 char) \_\_\_\_\_ Sect(4 char) \_\_\_\_\_

Remove section from schedule .. **Section Number:** \_\_\_\_\_

Discipline(4 char) \_\_\_\_\_ Number(3-5 char) \_\_\_\_\_ Sect(4 char) \_\_\_\_\_

**Chg**

**Course Title:**

**Long (35 char max):** \_\_\_\_\_

**Short (15 char max):** \_\_\_\_\_

**Current Title:** \_\_\_\_\_

**Chg**

**Credit Hours:**

Default credit hours: \_\_\_\_\_ Fixed:

Current credit hours: \_\_\_\_\_ Variable:

**Chg**

**Enrollment Defaults:**

Maximum: \_\_\_\_\_

Minimum: \_\_\_\_\_

**Chg**

**Section Note:** \_\_\_\_\_

**Chg**

**Section Description (use only for 199 courses when section description is different from catalog description):**

\_\_\_\_\_  
 \_\_\_\_\_

Chg	Days							Times		Dates		Instructor	Center	Building	Room	Lead Instr	Instr	Load%
	M	T	W	R	F	S	U	Begin	End	Begin	End							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____

M-Monday T-Tuesday W-Wednesday R-Thursday F-Friday S-Saturday U-Sunday

**Chg**

**Suppress Printing in Schedule:**

Yes  No

**Chg**

**Alternate Delivery Method:**

- AUDTP-Audio Tape
- COMPV-Compressed Video
- COMPM-Computer Mediated
- INTRN-Internet
- INTRM-Internet/Modem
- ITPV-Idaho Public TV
- ITPVC-ITPV/Campus
- MICRW-Microwave
- RADIO-Radio
- TELEV-Television
- VIDTP-Video Tape

**Chg**

**Section Charge:** \_\_\_\_\_

Depart/Account: \_\_\_\_\_

**\* ONLY Mark the 'Chg' (change) box next to whatever is changing if this is a section change.**

<b>Originator:</b> _____	<b>Date:</b> _____
<b>Department Chair:</b> _____	<b>Date:</b> _____
<b>Instructional Dean:</b> _____	<b>Date:</b> _____
<b>Room Scheduling:</b> _____	<b>Date:</b> _____