



**REQUEST FOR THE CREATION OF NEW COURSE SECTION
OR
CORRECTION TO / CANCELLATION OF AN EXISTING COURSE**

This form must be used when adding a course that was not in the original class schedule, or to change or cancel an existing course section. All of the following information and approvals must be provided before a course section will be established in the Student Information System. **If course has a separate lab, you must verify course inventory approval for lab and use separate form for lab section.**

REQUIRED INFORMATION			Semester	Full Term	1 st 8 weeks	2 nd 8 weeks
College:	ANRS	AS	EPS	Department: _____		
Choose One						
Create New Section (<i>Complete entire form</i>)						
Change Existing Section (<i>Complete only fields that are changing</i>) Existing Course Reference Number (CRN) _____						
Cancel Existing Section: Existing Course Reference Number (CRN) _____ Subj. _____ Course No. _____ Section _____						

Course Subject: _____ Course Number _____ Cross-List With: _____
Ex: ENG or MATH Ex. 1301

Title _____
LIMIT 25 CHARACTERS INCLUDING SPACES)
 Title is different from official course inventory title (only applicable to Special Topics courses)

Instructor Banner ID: A _____ Instructor Name: _____

Session Type: _____ Normal Academic Term: Blank 1: Shortened Format (Summer only) 2: Saturday Format (Summer only) T: Two-Day Format (Summer only) W1: Weekend I Format W2: Weekend II Format W3: Weekend	Instruction Method: _____ FTF - Face to Face TWY: Two-Way Interactive Video WEB: Web-Delivered WEBX: Virtual Meeting WEN: Web-Enhanced (indicate days for FTF and Web; i.e. WEN - MW=FTF, F=Web)
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Special Approvals/Restrictions: _____
 (If none, write "none")

If Web-Enhanced (WEN) what percentage of instruction is delivered on the web?
 _____ 50% or less _____ More than 50% but less than 85%

Maximum Enrollment: _____

Meeting Days (i.e. MWF TR TBA): _____

Meeting Times: Begin _____ End _____
Times must conform to University Policy

Building: _____ **Room Number:** _____

Off-Campus Site: _____

If creating an independent study course, provide the following:

Student Name: _____

Student Banner ID: A _____

APPROVALS

Department Chair _____ **Date:** _____

Dean of School _____ **Date:** _____

Email completed forms to registrar@sulross.edu

Forms missing key information or not conforming to approved course inventory will be returned.