

## Section Addition Form: Summer 2012

Subject			
Course Number			
Section Number			
Title of Course			
Consent of Instructor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Campus/Delivery Method <i>*please note that a course with any face-to-face meetings cannot be considered online</i>	Campus	Delivery Method	<input type="checkbox"/> Face-to-face <input type="checkbox"/> Online  <input type="checkbox"/> Other _____
Grade Mode	<input type="checkbox"/> T (Traditional) <input type="checkbox"/> C/NC (Credit/No Credit) <input type="checkbox"/> T or C/NC (Student Option)		
Part/Term	<input type="checkbox"/> 1 <sup>st</sup> 5-week session (May 21-June 22) <input type="checkbox"/> 2 <sup>nd</sup> 5-week session (June 25-July 27) <input type="checkbox"/> Full 10-week session (May 21-July 27)  <input type="checkbox"/> Special Session: _____ - _____ (provide dates)		
Enrollment	Projected _____	Max _____	
Credit Hours	Min _____	Max (if variable) _____	
<b>Meeting Time Information (Refer to Standard Meeting Schedule and Course Scheduling Guidelines)</b>			
Day(s) Please use M-T-W-R-F	Time(s) If online, leave blank	Building/Location If online, enter "www"	Room If online, leave blank
<b>Instructor Information (Full Name and Faculty Identification Number)</b>			
Instructor of Record	ID		
Co-Instructor	ID		
<b>Major and Class Restriction Information</b>			
Major Restriction	Include	OR Exclude	
Class Restriction	Include	OR Exclude	
<b>Cross-List Information</b>			
Subject	Course Number	Section Number	Title

Please list any prerequisites, corequisites, or other departmental requirements or notes: