



**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 <sup>st</sup> POT	2 <sup>nd</sup> POT
College:	ALPS      LASS      EPS      RGC	Department: _____			
<b>Choose One</b>					
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: \_\_\_\_\_

<b>Session Type:</b> _____ 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	<b>Instruction Method:</b> _____ FTF - Face to Face TWY: Two-Way Interactive Video WEB: Web-Delivered WEBX: WebX-Delivered 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*

If creating an independent study course, provide the following:

**Building:** \_\_\_\_\_ **Room Number:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Off-Campus Site:** \_\_\_\_\_

**Student Banner ID: A** \_\_\_\_\_

**APPROVALS**

**Department Chair** \_\_\_\_\_ *Marjorie Scott* \_\_\_\_\_ **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.