

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.**

Originator: _____	Date: _____
Department Chair: _____	Date: _____
Instructional Dean: _____	Date: _____
Room Scheduling: _____	Date: _____