

Schedule Section Changes - For use after Advising has begun

COMPLETE,
PRINT, & SIGN

Change(s) - check all that apply: Title and course number may not be changed with this form.
Credits may only be changed for existing variable credit courses.

<input type="checkbox"/> Add a Section	<input type="checkbox"/> Change restriction	<input type="checkbox"/> Change Meeting Days/Times
<input type="checkbox"/> Cancel a Section	<input type="checkbox"/> Change instructional method	<input type="checkbox"/> Change Start/End Dates

Name of person completing form: _____ **Phone:** _____

Justification for Change (required):

Section Information (please enter all known information):

CRN: _____	Subject: _____	Number: _____	Section: _____
Title: _____	Credits: _____	Capacity: _____	
College: _____	Dept: _____	Restricted Entry <input type="radio"/> No <input type="radio"/> Yes	
Instructor: _____ <small>Last, First Middle</small>		InstructorID: _____ <small>(last four numbers)</small>	Please Specify: _____
Section Type:	<input type="checkbox"/> Lecture	<input type="checkbox"/> Lecture & Lab	<input type="checkbox"/> Internship
	<input type="checkbox"/> Lab	<input type="checkbox"/> Independent Study	<input type="checkbox"/> Seminar
Instructional Method:	<input type="radio"/> Face to Face	<input type="radio"/> Online Only	<input type="radio"/> Blended*
			<input type="radio"/> Web Enhanced**
Year: _____	Term: <input type="radio"/> Fall	<input type="radio"/> Summer First 6-weeks	<input type="radio"/> Summer 12-weeks
	<input type="radio"/> Spring	<input type="radio"/> Summer 2nd 6-weeks	<input type="radio"/> Summer Intersession
		<input type="radio"/> Summer First 4-weeks	<input type="radio"/> Summer 3rd 4-weeks
		<input type="radio"/> Summer 2nd 4-weeks	<input type="radio"/> Summer 4th 4-weeks
<input type="checkbox"/> This section has non-standard term start or end dates.			Start: _____
The section start and end dates are:			End: _____

Meeting Days & Times:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Start time: _____	End time: _____	Bldg. & Room: _____			
Additional Days, Times, Room					
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Start time: _____	End time: _____	Bldg. & Room: _____			

Campus:

<input type="radio"/> MSU-Bozeman	<input type="radio"/> Gallatin College - Specify campus: _____
<input type="radio"/> ExtendedUniversity	<input type="radio"/> Nursing - Specify campus: _____

Signatures:

DepartmentHead

Print Name _____ Signature _____ Date _____

CollegeDean

Print Name _____ Signature _____ Date _____

Provost Office or

The Grad. School

Print Name _____ Signature _____ Date _____

*Enhanced=use of web-technology with no reduction in face-to-face meeting time

**Blended=use of web-technology and reduction in face-to-face meeting time