

SCHEDULED SECTION CHANGES - FOR USE AFTER ADVISING HAS BEGUN

UPDATED: FEBRUARY 2016

COMPLETE,
PRINT, & SIGN

CHANGE(S) - CHECK ALL THAT APPLY: * NEITHER TITLE NOR NUMBER MAY BE CHANGED WITH THIS FORM.

- | | | |
|---|--|--|
| <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: _____		RESTRICTED ENTRY: <input type="radio"/> NO <input type="radio"/> YES	
CAPACITY: _____		COLLEGE: _____		DEPT: _____			
INSTRUCTOR: _____ <small>LAST, FIRST MIDDLE</small>				INSTRUCTOR ID: _____ <small>(LAST FOUR NUMBERS)</small>			
SECTION TYPE:		<input type="checkbox"/> LECTURE	<input type="checkbox"/> LECTURE & LAB	<input type="checkbox"/> INTERNSHIP	SEMINAR		
		<input type="checkbox"/> LAB	<input type="checkbox"/> INDEPENDENT STUDY	<input type="checkbox"/> RECITATION	STUDIO		
INSTRUCTIONAL METHOD:		<input type="radio"/> FACE TO FACE	<input type="radio"/> ONLINE ONLY	<input type="radio"/> BLENDED*	<input type="radio"/> WEB ENHANCED**		
				ONLINE PORTION IS:		*SIGNIFICANT **SMALL	
YEAR: _____		TERM: <input type="radio"/> FALL <input type="radio"/> SPRING		<input type="radio"/> SUMMER FIRST 6-WEEKS		<input type="radio"/> SUMMER 12-WEEKS	
				<input type="radio"/> SUMMER 2ND 6-WEEKS		<input type="radio"/> SUMMER INTERSESSION	
<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"/> EXTENDED UNIVERSITY	<input type="radio"/> NURSING - SPECIFY CAMPUS: _____

SIGNATURES:

DEPARTMENT HEAD

PRINT NAME _____ SIGNATURE _____ DATE _____

COLLEGE DEAN

PRINT NAME _____ SIGNATURE _____ DATE _____

* **PROVOST OFFICE** OR
THE GRAD. SCHOOL

PRINT NAME _____ SIGNATURE _____ DATE _____