**Scheduled Section Changes** - FOR USE AFTER ADVISING HAS BEGUN

**Change(s) - Check All That Apply**: *Neither Title nor Number may be changed with this form.*

<table>
<thead>
<tr>
<th>Add a Section</th>
<th>Change Restriction</th>
<th>Change Meeting Days/Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancel a Section</td>
<td>Change Instructional Method</td>
<td>Change Start/End Dates</td>
</tr>
</tbody>
</table>

**Name of Person Completing Form**: ___________________________ **Phone**: __________________

**Justification for Change** *(Required)*: ____________________________

**Section Information** *(Please enter all known information)*:

<table>
<thead>
<tr>
<th>CRN: _______</th>
<th>Subject: _______</th>
<th>Number: _______</th>
<th>Section: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: _______</td>
<td>Credits: _______</td>
<td>Restricted Entry:</td>
<td>No</td>
</tr>
<tr>
<td>Capacity: _______</td>
<td>College: _______</td>
<td>Dept: _______</td>
<td>Instructor: _______</td>
</tr>
<tr>
<td>Instructor: _______</td>
<td>LAST, FIRST, MIDDLE</td>
<td>Instructor ID: (Last Four Numbers)</td>
<td></td>
</tr>
</tbody>
</table>

**Section Type**:  
- Lecture  
- Lecture & Lab  
- Independent Study  
- Internship  
- Seminar  
- Recitation  
- Studio  

**Instructional Method**:  
- Face to Face  
- Online Only  
- Blended*  
- Web Enhanced**  

**Year**: _______  **Term**:  
- Fall  
- Summer First 6-weeks  
- Spring  
- Summer 2nd 6-weeks  
- Summer Inter Session  

☐ This section has non-standard term start or end dates.  
**The section start and end dates are**:  
**Start**: ___________________________  **End**: ___________________________

**Meeting Days & Times**:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start</td>
<td>End</td>
<td>Bldg. &amp; Room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Days, Times, Room**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Campus**:

- MSU-Bozeman  
- Gallatin College - Specify Campus: __________________________
- Extended University  
- 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: ___________________________