Schedule Section Changes - For use after Advising has begun

Change(s) - check all that apply:
- [ ] Add a Section
- [ ] Cancel a Section
- [ ] Change restriction
- [ ] Change instructional method
- [ ] Change Meeting Days/Times
- [ ] Change Start/End Dates

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>Capacity: ____________________</td>
<td></td>
</tr>
<tr>
<td>College: ___________________</td>
<td>Dept: ________________________</td>
<td>Restricted Entry No ______ Yes ______</td>
<td></td>
</tr>
</tbody>
</table>

Instructor: Last, First Middle InstructorID: ____________________________ (last four numbers)

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

Instructional Method:
- [ ] Face to Face
- [ ] Online Only
- [ ] Blended*
- [ ] WebEnhanced**

Year: __________ Term: Fall Summer First 6-weeks Summer 12-weeks
- [ ] Summer 2nd 6-weeks Summer Intercession
- [ ] Summer First 4-weeks Summer 3rd 4-weeks
- [ ] Summer 2nd 4-weeks Summer 4th 4-weeks

This section has non-standard term start or end dates. Start: ________________________ End: ________________________

Meeting Days & Times:

- [ ] Monday Start time: __________ End time: __________ Bldg. & Room: __________
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday

Additional Days, Times, Room
- [ ] Monday Start time: __________ End time: __________ Bldg. & Room: __________
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday

Campus:
- [ ] MSU-Bozeman
- [ ] Gallatin College - Specify campus: ________________________
- [ ] ExtendedUniversity
- [ ] 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: __________

*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