

Request to Create or Revise a Scheduled Section

College (Ex. ALPS, Business, CASE, Education, Health Sci. , Humanities & Sci.): _____

Semester (Choose one): Fall Spring Summer **Year** (i.e. 2025): _____

Part of Term (Choose One):

Full-Term (Fall/Spring = 16 wks;
Summer = 11 wks)

Session 1 (Fall/Spring = 1st 8 wks;
Summer = 1st 5.5 wks)

Session 2 (Fall/Spring = 2nd 8 wks;
Summer = 2nd 5.5 wks)

ACTION (Choose One)

Create New Section (Complete entire form)

For existing sections: Course Reference Number (CRN) _____ Subj. _____ Course No. _____ Section _____

Change

Cancel

Course Subject: _____ **Course Number** _____
Ex: *ENG or MATH* Ex. *1301*

Title _____

LIMIT 25 CHARACTERS INCLUDING SPACES)

Title is different from official course inventory title (only applicable to Special Topics courses)

Instruction Method: _____

FTF - Face to Face

Students and instructor(s) are in the same physical location at the same time.

OLA - Online Anytime

Instruction is delivered via Blackboard and is asynchronous.

OLS - Online Scheduled (Must complete Meeting days and Times)

Instruction is delivered via virtual meeting and requires students to join the sessions at the scheduled time from wherever they are.

HYB - Hybrid (Must complete Special Instructions field)

Contact hour requirement is met with a combination of face to face and Online (Anytime or Scheduled).

Special Instructions for the Registrar

Ex. Restrict to Midland Coll. students only;

Ex. Cross-list ENG 1301 FTF TR 8:00 am section with

ENGL 1031 OLS TR 8:00 am section

Ex. 1 for HYB Section: MW FTF 8:00 am, Fri OLS 8:00 am Ex. 2

for HYB Section: Tue FTF, 1.5 contact hr OLA

Instructor Banner ID: A _____

Instructor Name: _____

Maximum Enrollment: _____

Meeting Days (i.e. *MWF TR TBA*): _____

Tuesday = T; Thursday = R

Meeting Times: Begin _____ End _____

Preferred Building: _____ **Room Number:** _____

Special Approval (Ex. Advisor, Lobo Den): _____

Enter **Special Instructions** for the Registrar below:

If creating an independent study course, provide the following:

Student Name: _____

Student Banner ID: A _____

APPROVALS

Department Chair _____

Date: _____

Dean of School _____

Date: _____

Submit completed forms to schedule@sulross.edu

Form last updated 11.5.2025