**SR**

# REQUEST FOR THE CREATION OF NEW COURSE SECTION
## OR
# CORRECTION TO / CANCELLATION OF AN EXISTING COURSE

This form must be used when adding a course that was not in the original class schedule, or to change or cancel an existing course section. All of the following information and approvals must be provided before a course section will be established in the Student Information System. **If course has a separate lab, you must verify course inventory approval for lab and use separate form for lab section.**

---

**REQUIRED INFORMATION**     **Semester** _____     Full Term     1st POT     2nd POT

**College**:     ALPS     LASS     EPS     RGC     **Department**: _____

**Choose One**

Create New Section (*Complete entire form*)

Change Existing Section (*Complete only fields that are changing*) Existing Course Reference Number (CRN) _____

Cancel Existing Section: Existing Course Reference Number (CRN) _____ Subj. _____ Course No. _____ Section ____

---

**Course Subject:** _____     Course Number _____     Cross-List With: _____
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)

**Instructor Banner ID: A** _____     **Instructor Name:** _____

**Session Type:** _____
Normal Academic Term: Blank
1: Shortened Format (Summer only)
2: Saturday Format (Summer only)
T: Two-Day Format (Summer only)
W1: Weekend I Format
W2: Weekend II Format
W3: Weekend

**Instruction Method:** _____
FTF - Face to Face
TWY: Two-Way Interactive Video
WEB: Web-Delivered
WEBX: WebX-Delivered
WEN: Web-Enhanced (indicate days for FTF and Web; i.e. WEN - MW=FTF, F=Web)

If Web-Enhanced (WEN) what percentage of instruction is delivered on the web?

**Special Approvals/Restriction**s:_____
(If none, write "none")

_____ 50% or less     _____ More than 50% but less than 85%

**Maximum Enrollment:** _____

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

**Meeting Times:** Begin _____ End _____
*Times must conform to University Policy*

If creating an independent study course, provide the following:

**Student Name:** _____

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

**Student Banner ID: A** _____

**Off-Campus Site:** _____

---

## APPROVALS
**Department Chair** _____     **Date:** _____

**Dean of School** _____     **Date:** _____
**Email completed forms to registrar@sulross.edu**
Forms missing key information or not conforming to approved course inventory will be returned.
Last updated on 03/27/2020