

COURSE AND SECTION FORM

****PLEASE PRINT****

Semester _____ Year _____

A. _____
Course# Sect. Course Title Maximum of 30 characters - including spaces

Number of Credits _____ Course level (circle one) 1000 2000 3000 4000 5000

Length of course _____ Wks. Special beginning or ending dates? _____
Required if length of course is less than 15 weeks

B. Instructor's name _____ Second instructor _____

C. Please circle the appropriate answers:

1. Is this course: **Lecture** **Discussion** **Lab/Studio**
2. If a **Lecture**, does it also have a: **Discussion** or **Lab**
3. If so, is it: **Optional** or **Required**
4. How many credits for each? **Discussion** _____ **Lab** _____ **Lecture** _____

D. If applicable, what is the **Approved Lab Fee** _____ and/or **Non-Credit Tuition** _____

E. Maximum Registrations:

Continuing Matrics	Incoming Matrics	Non-matrics	Total # of Students
<input style="width: 40px; height: 30px;" type="text"/>	+	<input style="width: 40px; height: 30px;" type="text"/>	+
<input style="width: 40px; height: 30px;" type="text"/>	+	<input style="width: 40px; height: 30px;" type="text"/>	=
<input style="width: 40px; height: 30px;" type="text"/>		<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>

F. Restrictions (circle as appropriate):

Y / N Is this course offered **only** to students in your School?

Y / N Is POI required **ONLY** for students **outside** your School?

Y / N Is Permission of Instructor (POI) required for **ALL** students **including** majors in your School?

Are there any other restrictions (ex: LAS Freshmen only?) _____

G. Class Meetings:

Day(s)	Begins	Ends	Building	Room
1. _____	_____ : _____	to _____ : _____	_____	_____
			am	
			pm	
2. _____	_____ : _____	to _____ : _____	_____	_____
			am	
			pm	

H. Course Approved By: _____
Chair/Director or Designee

For Office Use Only: **ISIS** **Codes** Date _____ Initial _____