



SECTION MASTER FORM

SEMESTER (Year)					
Fall:	Spring:	SSI:	SSII:	SSIII:	QTR:
ACTION (Mark all that apply)					
Create Sec/Crs	Change Instructor	Room Change	Time Change		
Cancel Sec/Crs	Day Change	Add Seats	Other* <i>(explain below)</i>		
COURSE					
Course Title:					
Course Prefix:		Course Number:		Section Number:	
COURSE MAINTENANCE					
	<i>Current</i>	<i>Change to</i>			
Time					
Day(s)					
Room					
Instructor					
Inst. ID#					
Seats					
Begin/Ends Dates					
Contact Hours per Semester:					
Special Coding (Mark all that apply)		This part must be completed for student registration. <i>(Attach list for more than one student)</i>			
+	Developmental Course	Action: Override Prerequisites <input type="checkbox"/> Overload Approval <input type="checkbox"/> *Other <input type="checkbox"/> <i>(Registration with time conflicts will not be process)</i> Student's Name: _____ Date: _____ Student's ID#: _____ Student's Tel#: _____ Student's Signature: _____			
A	Basic Read, Writ, Math				
B	Prerequisite				
C	Additional Course				
D	Departmental Approval				
E	Combination A+B+C				
F	Telecourse, World Wide Web, etc.	*Other: (Be specific) AR : _____ Fees: _____ Total hrs: _____ CEUs: _____			
HEGIS CIP CCM	New Non-Credit Offerings (ACE, AE)				
Department:		<i>Approval</i>	<i>Initials</i>	<i>Date</i>	
Contact person: _____ Extension: _____		Program Director			
		Dean			