

# Section Addition Request

<b>Please fill in <u>all</u> of the below information</b>			
Effective Term: _____		School/College: _____	
Subject/Course #: _____ <small>(e.g., ACC 101)</small>	Section: _____ <small>(e.g., A, B, etc.)</small>	# of Credits: _____ <small>(e.g., 3, 1-3, etc.)</small>	
Component Type: _____		Enrollment Limit: _____	
Days: _____ <small>(MWF, TR, etc.)</small>	Time: _____ <small>(e.g., 8:00am – 8:50am)</small>	Bldg*: _____ <small>(e.g., LC, MM, etc.)</small>	Room*: _____
Alternate Title: _____			
<small>The Alternate Title appears on the student transcript only if indicated below. (30 Character Limit)</small>			
Print Alternate Title on Transcript:    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Class Notes: <b><i>Please email Special Class Notes as a Word document to <a href="mailto:scheduling.rg@miami.edu">scheduling.rg@miami.edu</a></i></b>			
<b>Instructor:</b>			
Instructor UM-ID #: _____		Instructor Name: _____	
Instructor Role: _____		Instructor Access: _____    Special Dates: _____	
Attributes: _____ <small>(Write, Civic, INTR1, INTR2, INTR3, etc.)</small>			
Classes Nbrs. to be Combined: _____ <small>Please enter only the class numbers that need to be combined to the above added class section.</small>			
Dept. Contact: _____		Email: _____    Extn: _____	
<b>Department Chair:</b>		_____	<b>Date:</b>
		<i>(Signature Required)</i>	_____
<b>Curriculum Academic Dean:</b>		_____	<b>Date:</b>
		<i>(Signature Required)</i>	_____

\*All General Purpose Classrooms are assigned based on space available, course size, and date requested. Please submit a room request if you are in need of a General Purpose Classroom.

# Section Addition Request

Please fill in <u>all</u> of the below information			
Effective Term: _____		School/College: _____	
Subject/Course #: _____ <small>(e.g., ACC 101)</small>		Section: _____ <small>(e.g., A, B, etc.)</small>	
Additional Instructors (maximum of 10 per section):			
ID #: _____	Name: _____	ID #: _____	Name: _____
ID #: _____	Name: _____	ID #: _____	Name: _____
ID #: _____	Name: _____	ID #: _____	Name: _____
ID #: _____	Name: _____	ID #: _____	Name: _____
Section Requirements:			
Major/Minor: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Major (1): _____	Major (2): _____	Major (3): _____	
Minor (1): _____	Minor (2): _____	Minor (3): _____	
School Code: _____			
Academic Level Code: _____			
Minimum GPA: _____			
Permission Required: _____			
Pre-Requisite Course (1): _____			
Pre-Requisite Course (2): _____			
Co-Requisite Course (3): _____			
Co-Requisite Course (4): _____			