

## Class Section Add Form

Submit this completed form to the Academic Scheduling & Space Management (AS&SM). Upon completion, the form will be returned by email with the assigned class and section number. A Special **Session Instruction Appointment Form** must be submitted to University Personnel to meet hiring requirements.

Term: ☐ Spring ☐ Summer ☐ Fall Year: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Requestor Email: \_\_\_\_\_

Requestor Phone: \_\_\_\_\_ Requestor Fax: \_\_\_\_\_

Subject Area: \_\_\_\_\_ Catalog Number: \_\_\_\_\_

Class Title: \_\_\_\_\_ Units: \_\_\_\_\_

Special Program: \_\_\_\_\_ or Supervision Class or Advising Class: \_\_\_\_\_

☐ Tuition/☐ Administrative (check one) Fee Per Unit: \$ \_\_\_\_\_ Flat Fee: \$ \_\_\_\_\_

\*You must enter the exact Class Start/End Dates, Meeting Start/End Times and days for class meetings. For "01" Instruction Mode, TBA will apply. Indicate additional scheduling details in the "Notes" section below.

Maximum Enrollment: \_\_\_\_\_ Class Start Date: \_\_\_\_\_ Class End Date: \_\_\_\_\_

Days of Week: ☐ U ☐ M ☐ T ☐ W ☐ R ☐ F ☐ S Meeting Start Time: \_\_\_\_\_ Meeting End Time: \_\_\_\_\_

Department Consent: ☐ Y ☐ N Instruction Mode: \_\_\_\_\_ Print Class in Schedule: Y ☐ N ☐

On Campus: ☐ Y ☐ N if Yes - Room Needed: ☐ Y ☐ N Off Campus: ☐ Y ☐ N if Yes - Location: \_\_\_\_\_

\* For Faculty-Led Programs (FLP) **ONLY**, indicate the class(es) and number of unit(s) each student will enroll in:

Course (e.g. BIOL 101): \_\_\_\_\_ Course: \_\_\_\_\_ Course: \_\_\_\_\_

Units (e.g. 3, 4): \_\_\_\_\_ Units: \_\_\_\_\_ Units: \_\_\_\_\_

Tuition Per Unit: \$ \_\_\_\_\_ Administrative Flat Fee: \$ \_\_\_\_\_ Program Fee: \$ \_\_\_\_\_

\*Note any special instructions for this course (including salary agreements):

Instructor's Employee ID Number: \_\_\_\_\_

(Instructor MUST have existing Employee ID Number with HR in order to assign to a section)

Instructor's Name	Instructor's Signature	Date
_____	_____	_____
Instructor's Name	Instructor's Signature	Date
_____	_____	_____
Dept. Chair/ Program Director's Name	Dept. Chair/ Program Director's Signature	Date
_____	_____	_____
College Dean/ Designee's Name	College Dean / Designee's Signature	Date
_____	_____	_____

### FOR AS&SM OFFICE USE ONLY

Administrator Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Class Number: \_\_\_\_\_

Units: \_\_\_\_\_ F: \_\_\_\_\_ D: \_\_\_\_\_ U: \_\_\_\_\_ Fee Type: \_\_\_\_\_ Term Code: \_\_\_\_\_