

Course and Curriculum Section Addition Request

UNIVERSITY
OF MIAMI



Phone: (305) 284-4846

Fax: (305)284-6293

Email: scheduling.rg@miami.edu

Please fill in <u>all</u> of the below information:			
Year: _____		Semester: _____	
School/College: _____			
Course: _____ <small>e.g.(ACC 101)</small>		Section: _____ <small>e.g.(A, B, etc.)</small>	# of Credits: _____ <small>e.g.(1-3 OR 3-0)</small>
Class Type: _____		Status: _____	Enrollment Limit: _____
Days: _____ <small>(M W F; TR)</small>		Time: _____ <small>e.g.(8:00am – 8:50am)</small>	Bldg*: _____ <small>e.g.(LC, MM, etc.)</small>
Room*: _____			
Sub Title: _____			
Alternate Title: _____			
<small>The Alternate Title is only available when it has been 'flagged' at the course level; the Alt.Title appears on the student transcript - the sub title does not.</small>			
Section Special Notes: <small>720 Character Limit</small>			
<small>If the section notes do not fit on 3 lines please email full description to: scheduling.rg@miami.edu</small>			
Instructor UM-ID #: _____		Instructor Name: _____	
Special Dates: _____		Special Drop Date: _____	
<small>(Required when entering Special Dates)</small>			
Is taken for Credit Only: <input type="checkbox"/> N <input type="checkbox"/> Y		Full Time Indicator: <input type="checkbox"/> N <input type="checkbox"/> Y	
Identifiers: _____ <small>(WRITE, HONER,INTR1, INTR2, INTR3, INTR4, etc.)</small>			
Cross Listed with: _____			
<small>A particular section is listed under another department; AND/OR a section is considered as a WRITING CREDIT, HONORS, INTERSESSION, or part of a special academic program.</small>			
Co-Listed with: _____			
<small>Co-listed courses are 2 or more courses that are offered at the same days/times and are in the same room.</small>			
Dept Contact: _____		Email: _____	Phone: _____
Department Chairman Signature: _____			Date: _____
Academic Dean/Director Signature: _____			Date: _____

*All General Purpose Classrooms will be 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.

Course and Curriculum Section Addition Request

Phone: (305) 284-4846
 Fax: (305)284-6293
 Email: scheduling.rg@miami.edu

Please fill in <u>all</u> of the below information:		
Year: _____	Semester: _____	School/College: _____
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: _____
ID #: _____ name: _____	ID #: _____ name: _____

Section Requirements:

Major/Minor: __Y __N	Major (1): _____	Major (2): _____	Major (3): _____
	Minor (1): _____	Minor (2): _____	Minor (3): _____
School Code: _____			
Level Code: _____			
Class Code: _____		OR; Secondary Class Code: _____	
Minimum GPA: _____			
Identifier (1): _____			
Identifier (2): _____			
Permission Required: _____			
Co-Requisite Course (1): _____	Section: _____	Type: _____	
Co-Requisite Course (2): _____	Section: _____	Type: _____	
Co-Requisite Course (3): _____	Section: _____	Type: _____	
Co-Requisite Course (4): _____	Section: _____	Type: _____	
Co-Requisite Course (5): _____	Section: _____	Type: _____	