

**INSTRUCTIONS FOR COMPLETING
TWU SCHEDULE CHANGE SECTION FORM-ALL CAMPUSES**

This form is used to add a new section, or to make any changes to existing sections. Please **type** or **print clearly** and provide all requested information. The completed form should be sent to University Scheduling for processing.

To **add** a section, complete 1 - 4. Complete 5 if off-campus instruction is offered.

To **delete** a section, complete 1 & 2a.

To **change** a section, complete 1 and 2a, and other applicable items.

1. Enter the department, school, or college, semester and calendar year.
- 2a. Enter the course prefix (i.e., BIOL), course number (i.e. 4913), section no. (i.e. 01) and title (i.e. Independent Study).
- 2b. Enter the instructor's name, Colleague ID. No. (i.e. Doe, John; 123456789).

If the section is to be taught on a TWU campus, provide the campus, building, time, days, and expected section capacity. Include a room number in the space provided if a specific room is desired. An appropriate room will be assigned based on the information provided.

3. Justification.
4. Check all locations that apply to this course. Off-campus (Site other than TWU Campus/Out of State/Out of Country) The Coordinating Board requires the University to designate off-campus courses and requires pre-approval. Classes cannot be scheduled without completion of the Coordinating Board approval process.
5. If the section is to be taught off-campus by an on-site faculty member or by videoconference delivery, complete all Off-campus (Site other than TWU Campus/Out of State/Out of Country) Information.

This form must be signed and dated by the Department Chair, Associate Dean, or Program Director, then the Dean of the College/School. The completed form is to be sent to University Scheduling.

For questions or concerns please call University Scheduling at 940-898-3990 / 81-3990.

Houston TWU Schedule Change Section Form

Form A

Date _____

 New Section (complete 1-4;
also complete 5 as applicable.)**OR** Modify Existing Section
 Cancel Section (complete 1 & 2a)
 Flex Section

1. Department / School / College of _____ Semester _____ 20 _____

2a. Subject: Schedule Change Course Prefix _____ Course Number _____ Section No. _____

Title of Course _____

2b.

Change From:

Instructor Name _____

Change To:

Instructor Name _____

Building _____ Room _____

Colleague ID. No. _____

Time _____ Days _____

Building _____ Room _____

Section/Capacity _____ Campus _____

Time _____ Days _____

Section/Capacity _____ Campus _____

3. Justification _____

4. Location(s) (check all that apply)

 TWU Classroom Internet, % Online _____ TWU Laboratory Videoconference Classroom, % Online _____ TWU Computer Classroom*(Note: Complete 5)* Off-campus (Site other than TWU Campus/Out of State/Out of Country) *The Coordinating Board requires the University to designate off-campus courses and requires pre-approval. Classes cannot be scheduled without completion of the Coordinating Board approval process. (Note: Complete 5)* *I am requesting training on videoconference equipment.*5. Off-campus (Site other than TWU Campus/Out of State/Out of Country) **or** Videoconferencing Information

School, Building, Center, etc. _____

Street, City, State, Country _____ Zip _____

Time _____ Days _____

Site Coordinator Name _____ Phone _____

Section/Capacity _____ Special Needs _____

Chair / Associate Dean / Program Director _____ Date _____

Dean _____

Date _____

For office use only:

Date Received _____ Date Entered _____ Forward to ISS _____

Houston Faculty/Staff use this form to:

Add New Course Sections
Modify Existing Course Sections
Cancel Course Sections
Flex Course Sections

Fax to:
940-898-3975
University Scheduling

Don't forget required signatures!