

Instructions for Completing  
TWU Schedule Change Section Form-All Campuses

This form is used to add a new section, delete a section, or make any changes to existing sections. Please **type** or **select** the correct option in all required fields as described below. The completed form should be approved and sent to University Scheduling for processing.

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

To **cancel** a section, complete 1 & 2a. *Class sections must be cancelled by census date. The cancellation process should be expedited for the ease and convenience of our students.*

- *It is the department's responsibility to notify students about a course section cancellation.*

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

1. Enter the college, semester, and calendar year.
- 2a. Enter the course prefix (e.g., BIOL), course number (e.g., 4913), section number (e.g., 01) and title (e.g., Independent Study).
- 2b. Enter the instructor's name, Colleague ID Number (e.g., Doe, John; 12345678)

If a 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. Provide a brief reason for the request.
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 obtain 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 approved by the Academic Component Administrator then the Dean of the College. The completed form is to be sent to University Scheduling.**

*For questions or concerns, please call University Scheduling at 940-898-3990 / 81-3990 or 81-3991.*

**Email to:**  
[University Scheduling](#)

**Don't forget required approvals – We now accept typed and/or electronic signatures!**

# TWU Schedule Change Section Form

New Section (complete 1-4;  
also complete 5 as applicable)

**OR**

Modify Existing Section  
Cancel Section (complete 1 & 2a) **It is the department's responsibility to notify students about a course section cancellation.**

1. College \_\_\_\_\_ Semester \_\_\_\_\_ 20\_\_

2a. Subject: Course Prefix \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_

Title of Course \_\_\_\_\_

**2b. New Course Information or Change From**

Change To

Instructor Name \_\_\_\_\_

Instructor Name \_\_\_\_\_

Colleague ID. \_\_\_\_\_

Colleague ID \_\_\_\_\_

Campus \_\_\_\_\_

Campus \_\_\_\_\_

Building \_\_\_\_\_

Building \_\_\_\_\_

Room \_\_\_\_\_

Room \_\_\_\_\_

Time \_\_\_\_\_ Days \_\_\_\_\_

Time \_\_\_\_\_ Days \_\_\_\_\_

Section/Capacity \_\_\_\_\_

Section/Capacity \_\_\_\_\_

**3. Justification**

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

- |   |   |                 |         |
|---|---|-----------------|---------|
| <input type="checkbox"/> TWU Classroom  | <input type="checkbox"/> Fully Distance Education ( $\geq 85\%$ ) | %Online: _____  | % _____ |
|   | <input type="checkbox"/> Hybrid ( $>50 - <85\%$ )                 | %Online: _____  | % _____ |
| <input type="checkbox"/> TWU Laboratory   | <input type="checkbox"/> Videoconference                          | % Online: _____ | % _____ |
| <input type="checkbox"/> TWU Computer Classroom   |   |                 |         |
| <input type="checkbox"/> Off-campus (site other than TWU Campus/Out of State/Out of Country) <i>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> |   |                 |         |

**5. Off-campus (Site other than TWU campus/Out of State/ Out of Country)**

School, Building, Center, Etc. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Time \_\_\_\_\_ Days \_\_\_\_\_

Section/Capacity \_\_\_\_\_

Approved \_\_\_\_\_  
Academic Component Administrator \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_  
Dean \_\_\_\_\_ Date \_\_\_\_\_