

Addition of Course Section to Schedule of Classes

Email to: OSRRMSCH@umit.maine.edu

Fax to: 581-1314 or Mail to: Wingate Hall Room 100

Term: _____ Prepared by: _____ Phone #: _____

Department: _____ Course Offer Number (see below): _____

Course Prefix & Number: _____ *Section/Class #: _____

** If you are updating a section that has already been created, please indicate the Section and Class Number. If you are requesting that a new section be added, please indicate the proposed section number.*

Course Title: _____

Credit Hours: _____ Enrollment Size: _____

Instructor Name: _____ EmplID: _____

Days: _____ Time: _____ **Final Exam Given? Yes___ No___**
(FOR UM FALL OR SPRING COURSES)

Beginning/Ending dates: _____
(List specific dates if other than regular meeting pattern or starts prior to/after semester dates.)

If a Combined Section, list other course(s): _____
(Shares at least one meeting time/room with another class.)

Desired Bldg/Room: _____ Technology required: _____

Location if not on UM Campus: _____

Enrollment Restrictions: _____

Class Notes: _____

Course Offer Number Definition:

- 1 = Day courses
- 5 = Cross-listed (day) section *(Listed as the same course as another in the Catalog)*
- 10 = Center for Responsive Training
- 15 = Academ-e
- 20 = Division of Lifelong Learning (CED) and PAX courses
- 25 = Cross-listed (CED) section
- 30 = 0500, 0700 sections

(For OSR use only) Class Number: _____

Revised 8/09