

Semester: _____

Date: _____

Department submitting request: _____

Subject Code & Course Number: _____

Course Title: _____

ALL sections (check box if applicable) If not, list specific sections with CRNs here: _____

Reserved Seating

Total Section Capacity: _____

Please insert the number of seats to be reserved for each group in the spaces below:

CIRCLE Yes or No

Level: UG _____ GR _____ Overflow Y/ N

College: AE _____ AS _____ BU _____ ED _____ EN _____ IC _____ Overflow Y/ N

Class: FR _____ SO _____ JR _____ SR _____ Overflow Y/ N

Cohort: 1st Year _____ 2nd Year _____ 3rd Year _____ 4th Year _____ Overflow Y/ N

Majors*** Major Code _____ Major Code _____ Overflow Y/ N

***Unless directed below in comments we will include 1st and 2nd majors and minors

Degree Degree Code: _____ Number of Seats: _____ Overflow Y/ N

Degree Code: _____ Number of Seats: _____ Overflow Y/ N

Example: Degree Code: BSIB 15 Degree Code: BSBU 20

Other requested Reservation (if possible) Code: _____ Number of Seats: _____

In the blank fields please put in the number of seats to be reserved for the code labeled.

If two blanks are there, please put code and the number of seats.

Comments: (for further explanation if needed)

Contact person for clarification _____
(Name and e-mail) (phone extension)

APPROVALS:

Department Chairperson _____ Date: _____

Associate Dean _____ Date: _____

Registrar's Office Use Only

Received Date: _____ Rejected by Registrar: _____
Entered by: _____ Date: _____
Date: _____ Email Acknowledgement sent: _____
Date: _____