

Request for Special Section

TERM: _____

Original: () Revision: () Delete: ()

(Indicate by placing an "X" in the appropriate space)

Department: _____ Subj: _____

Title: _____

Cross List Subject Areas: _____

Course #: _____ () Self-Service Available
(Check if applicable for on-line registration)

Credits: _____

Course Duration: _____ () same as regular 14 wk class
() Days
() Weeks
() Months

Section Start Date: _____ End _____

Section Registration Start: _____ End _____

End date may not be after class starts

Grades Due: _____

Cost per credit: _____

Special Fees _____

Enrollment Capacity: _____

Enroll Restrictions:

If any

Instructor: Primary: _____

Lehigh ID#: _____

Secondary: _____

Lehigh ID#: _____

No wait list function for special sections

Revenue tracking *Insert Code:* () On Campus
() Distance Education
College: _____ () International Programs
() Special Programs

Instructional Method: () Lecture/Room needed (L)
() Classroom LIVE (CL)
() On Line (O)
() Ind Study/Research (I)
() Off Campus Lecture

If needed

Check Days Time

Monday'() _____

Tuesday'() _____

Wednesday'() _____

Thursday'() _____

Friday'() _____

Room If needed: _____

Distance Education Approval

Peg Portz

Date

DEPARTMENTAL APPROVALS

Dept.: _____ Date: _____

Dean: _____ Date: _____

Contact Person:
ext.:
e-mail:

Registrar's Use Only
 CRN: _____
 Entered by: _____
 Date: _____
 Course #: _____