

Addition of Course Section to Schedule of Classes

Email to: OSRRMSCH@umit.maine.edu

Fax to: 581-1315 or Mail to: Wingate Hall Room 201

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 Topic: _____
(Topic titles--max 30 characters for description and a max of 50 for formal description.)

Credit Hours: _____ Enrollment Size: _____ Wait List? Yes No

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: _____

Reserved Seats (no more than 50%): _____

Class Notes: _____

Course Offer Number Definition:

1/5 = Day courses/Cross-listed *(Listed as the same course as another in the Catalog)*

7 = Project Seven (P701) section

10 = Center for Responsive Training

15 = Academ-e

20/25 = Division of Lifelong Learning (CED) and PAX courses/Cross-listed

30/35 = 0500 section/Cross-listed

(For OSR use only) Class Number: _____

Revised 11/12