

SCHEDULE SECTION CHANGE FORM for INDEPENDENT STUDIES

*indicates required field | Page 2 to be completed by Unit Head & Dean

*1. Type of change requested: Add a current section Cancel a current section Change a current section

*2. Semester and Year: Fall AY Spring AY Summer AY

3. CRN(s): if cross-listed, list all CRNs (example: 10001, 11001 etc.) _____

*4. Subject Code, Course #, & Section # (ID): (If cross-listed, list all that apply (example: PSC etc.)

*5. Course Title: _____

*6. Schedule Type (Please check one): ONL IND

7. Session Code (Please check one): O-Online H-Hyflex L-Online/Classroom

8. Approval (Please check one)

IN-Instructor DP-Department DN-Dean AD-Advisor

*9. Part of Term Full term First Half Second Half Intersession

10. Credit/Bill Hours: (example: 1Hr/1 Hr) _____

*11. Enrollment Capacity: If cross-listed, list all that apply (example: 11011, 20 seats ;)

12. Waitlist Capacity: If cross-listed, list all that apply _____

13. Cross-list Capacity: _____

14. Days Offered (Please check all that apply)

M T W R F S U

15. Time: list meeting times (if PKG section or different meeting times on different days, please specify)

16. Instructor Name(s)

17. Instructor(s) UIN(s)

18. Special Instructions (registration restrictions, core requisites, text message, blended meeting dates, comments, etc.)

19. Student names & UINs:

20. I am requesting compensation to teach this independent study course: Yes No

Faculty Signature/Date

TO BE COMPLETED BY SCHOOL DIRECTOR/DEPARTMENT CHAIR ONLY:

21. If # 20 is "Yes", does this Independent Study meet the requirements per the Faculty Contract for faculty to be compensated:

Yes No

22. If #21 is Yes:

A. What is the rationale for compensation:

B. Compensation Amount:

\$275 per # of Credit Hours credit hours per # of Students student(s) = \$Total Amount

School Director/Department Chair Signature/Date

TO BE COMPLETED BY DEAN'S OFFICE ONLY:

Faculty compensation approved: Yes No

Dean/Associate Dean Signature/Date