SECTION CHANGE FORM

Term: Select one **Year:** _____ **CRN Number:** _____ **Course Number:** _____

Type of Request: Select one **Session:** Select one **Start Date:** _____ **End Date:** _____

Reason for Request *(Notes for cross-listed section ONLY, please provide all courses number and CRN link with a primary section)*

Associate member's total load within the District shall not exceed sixty-seven (67%) of a full time assignment at any time. Regular member's total overload within the District shall not exceed a maximum of .40 overload.

(Include only instructor teaching section) **(PUT IN THE PERCENTAGE OF THE LOAD)**

Instructor's Name(s):	Instructor's ID	PT or FT	Lecture Load	Lab Load
			Total:	Total:

(Include any instructor involved in this change)

Instructor's Name(s):	Instructor's ID	PT or FT	Pre-Revision Total Load	Pre-Revision Total Load

Room/Location: Original Info _____ New Info _____

Start/Stop Times: Original Info _____ New Info _____

Days of Week Original Info _____ New Info _____

Number of Weeks: _____ **Location:** Select one **Schedule Type:** Select one

Attendance Method: Select one **Section Capacity:** _____ **Global Capacity:** _____
(For cross-listed sections ONLY)

Zero Textbook Cost: Select one

Notes for Online/Hybrid Section: (*this will appear on College Web Services for students to read*)

Required Signatures

_____ _____ Input into Banner
Department Chair Signature Date

_____ _____
Dean Signature Date

_____ _____
Administrative Specialist Initial Date