Request for Special Section

TERM: ____________

Department: ____________ Subj: ______________
Title: ________________
Cross List Subject Areas: ______________________

Course #: ____________ (____) Self-Service Available
Credits: ____________ (Check if applicable for on-line registration)
Course Duration: ____________ (____) same as regular 14 wk class

Section Start Date: ____________ End ____________
Section Registration Start: ____________ End ____________
Grades Due: ____________
End date may not be after class starts
Cost per credit: ____________
Special Fees ____________
Enrollment Capacity: ____________
Enroll Restrictions: ____________

If any

No wait list function for special sections

Revenue tracking Insert Code: (____) On Campus
(____) Distance Education
(____) International Programs
(____) Special Programs
College: ____________
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: ____________
e-mail: ____________

LEHIGH UNIVERSITY
Office of the Registrar

Special section request form-B.xlsx
Revised 1.2011 cbe