

SECTION SCHEDULING FORM

Hamline University Graduate Schools

Use this form only to add a course section to the schedule. Complete entirely before returning to Registration & Records.

PROGRAM:

Learning Community/Cohort Name:

TERM Fall 200__ Winter 200__ Spring 200__ Summer 200__

BASIC COURSE INFORMATION

CRN <small>(leave blank)</small>	Subject	Course Number	Full Course Title

SCHEDULING INFORMATION

Max Enrollment	Credit Value	Meeting Dates/Date Range <small>Refer to academic calendar for term dates</small>	Meeting Days	Meeting Times

LOCATION

Hamline Campus

Room Request:	Room Needs:
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Mpls Center

Online Load Blackboard for this course

Off-Campus/Other

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INSTRUCTOR(S) INFORMATION *If instructor is new, provide complete information below.*

	Instructor Full Name	Hamline ID	Email	Phone
<input type="checkbox"/> New <input type="checkbox"/> Returning				
<input type="checkbox"/> New <input type="checkbox"/> Returning				

New Instructor Information *Note: All fields are required in order for new instructor to be entered in database.*

Full Legal Name	
Social Security #	
Mailing Address	
Phone	
Email	

Full Legal Name	
Social Security #	
Mailing Address	
Phone	
Email	