Section Form - Mission College

Term (check one):
- [ ] Fall
- [ ] Winter
- [ ] Spring
- [ ] Summer

Year _____ **Section #** _____ **Course Number** _____

Request (check one):
- [ ] Add section
- [ ] Change of _____
- [ ] Cancel

Reason for Request: _____ **Start Date** [ ] **End Date** [ ]

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 instructors teaching section:) **PUT IN THE PERCENTAGE OF THE LOAD**

Instructor Name(s):	Colleague ID / SSN:	PT or FT	Lecture Load	Lab Load
			.	.
			.	.
			.	.
		Total:		

(Include any instructor involved in this change:)

Instructor Name(s):	PT or FT	Instructor Pre-Revision Total Load	Instructor Post-Revision Total Load
		.	.
		.	.
		.	.

Room/Location:	Original Info		New Info	
Start / Stop Times:	Original Info		New Info	
Days of week:	Original Info		New Info	

#of weeks: [ ]

# of class meetings [ ]

Materials Fee:$ [ ]

Location (check one):
- [ ] On Campus
- [ ] Online
- [ ] Television

Schedule Type (check one):
- [ ] Day
- [ ] Evening
- [ ] Weekend

Section Capacity: [ ] **Global Capacity:** [ ] **(For cross-listed sections ONLY)**

Attendance/Funding Acct Method (check one):
- [ ] **W** (16 weeks/Weekly Census)
- [ ] **D** (less than 16 weeks/Daily Census)
- [ ] **PAC** (less than 5 meetings OR class has hrs by arr)
- [ ] **PANC** (Non Credit Positive Attendance)
- [ ] **X** (Not Reported)
- [ ] **IW** (Ind Study/Work Exp-Weekly/full term Online and TV)
- [ ] **ID** (Ind Study/Work Exp-Daily/short term Online and TV)
- [ ] **IWL** (Ind Study/Work Exp-Weekly/full term Online and TV LAB)
- [ ] **IDL** (Ind Study/Work Exp-Weekly/short term Online and TV LAB)

Notes for Section: (***this will appear on MyWebServices for students to read***) _____

Required Signatures

(1) _____ _____
Department Chair signature **date**

(2) _____ _____
Division Chair signature **date**

(3) K _____ _____
Digitally signed by K
DN: cn=K, o=MC, ou=Rogers, email=kena.rogers@wvm.edu, c=US
Date: 2012.07.09 13:03:45 -07'00'
Senior Office Coordinator Initials **date**

(4) _____ _____
Dean of Instruction's Initals **date**

(5) FOR CO-TEACHING ONLY (Required)	(6) FOR ADDS ONLY(Required)	(7) INPUT INTO Datatel
Dean of Instruction's Initials & Date	**PGC Chair's Initials & Date**	**Initials & Date**

revised 6/18/10