Schedule Addition Form - for Multiple Sections of the Same Course

Email completed form as an attachment to: classschedule@tulane.edu

Today	's Date:
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Term:

Department:

Course Prefix/ Number:

Course Title:

Contact:

Section Number	1st i	1st Meeting Pattern			ting Patter	n (optional)	Instructor	Instructor	Max	Cross-List	Special Instructions
	DAY(S)	Start Time	End Time	DAY(S)	Start Time	End Time	Name	Tulane ID#	Enroll- ment	with SoPA? (Y/N)	