University of North Texas **STUDY IN AMERICA SECTION NOTICE (SiA-200)**

NEW SECTION: All Study in America courses must be set-up as a new section. To open a new section, items #1-16 must always be completed.

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| **SiA–200 Procedures**  **Sections 1** and **2** are to be completed by the department scheduler and submitted to the University Accreditation office. Signatures indicate your department and school/college approve the course and its curriculum.  **Section 3** will be completed by the Office of University Accreditation. Once complete the SiA-200 will be forwarded to the Registrar. If needed, a new location code will be approved by UA and assigned by the Registrar. An **R52** form must accompany the SiA-200 form. It is the responsibility of each department to review the course syllabi and complete the R-52. **Section 4** will be completed by the Registrar when a new location code is needed. | | | | | | | | | | | | | | | | | | |
| **1** |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | 13 | 14 | 15 | 16 |
| **Cap** | | Subject Abbreviation | Course Number | Section Number | Hours Credit | **Off** Campus Location  (with in the USA - City/State) | **On** Campus Meeting Days | **On** Campus Starting Time | **On** Campus Ending Time | **On** Campus Building Abbrev | **On** Campus Room # | OSTF Charged | Instructor’s Name | | Instructor’s  employee id | DEPT CONSENT | Print or Non-print | Grading |
| Last Name | Two Initials | Not Applicable,  Student Specific, Class Permission | Graded  or  Pass/No Pass |
|  | |  |  |  |  |  |  |  |  |  |  | **Y N** |  |  |  | Student Specific | NP | Graded |
|  | |  |  |  |  |  |  |  |  |  |  | **Y N** |  |  |  | Student Specific | NP | Graded |

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| **2** | |  | |  | | | | | | | | | | | | | | | | | |  | **3** | | |  | | Course(s) require new location code. | | | | | | | | | | | **4** | This section to be completed by Registrar’s Office | | | | | | | | | |
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|  | | Dates **On** Campus: | | | | | | |  | | | | *to* |  | % of Hours: | | | | |  |  |  | **Add Off-campus Site for Instruction** | | | | | | | | | | | | | | | |  | | | | | |  | | |  |  |
|  | |  | | | | | | |  | | | |  |  |  | | | | |  |  |  |  | Course is 50% or above at the address  below | | | | | | | | | Course Travels | | | | | | Location Code: | | | | | |  | | |  |  |
|  | | Dates **Off** Campus: | | | | | | |  | | | | *to* |  | % of Hours: | | | | |  |  |  |  |  | | | | | | | |  |  | | | |  | |  | | | | | |  | | |  |  |
|  | | | | | | | |  | | | | | | |  | | Number of contact hours:\_\_\_\_\_\_\_\_\_\_ | | | |  |  |  | Location of New Site: | | | | | | | |  | | | |  | | |  | | | | | |  | | |  |  |
| **All Signatures Are Required** | | | | | | | | | | | | | | |  | |  | | | |  |  |  | |  | | | | | | | *State* | | | |  | | |  | | | | | |  | | |  |  |
| Dept. Chairperson: | | | | | | | |  | | | | | | |  | |  | | | |  |  |  | | Street Address: | | | | | | |  | | | |  | | |  | | | | | |  | |  |  |  |
|  | | | | | | | | *Signature (required)* | | | | | | |  | | *Date* | | | |  |  |  | |  | | | | | | |  | | | |  | | |  | | | | | |  | |  |  |  |
| Dean: | | | | | | | |  | | | | | | |  | |  | | | |  |  |  | | City/State/Zip Code: | | | | | | |  | | |  | | | | | | | |  |  |  |
|  | | | | | | | | *Signature (required)* | | | | | | |  | | *Date* | | | |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Faculty Leader: | | | | | | | |  | | | | | | |  | |  | | | |  |  | **Courses to be taught at this location for the next academic year:** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | *Signature (required)* | | | | | | |  | | *Date* | | | |  |  |  | |  | | | |  | |  | | |  |  | | |  | | |  |  | | | | | | |  |
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| Effective Semester/Session: | | | | | | | | | | |  | | | | Year: | | | |  | |  |  |  | | *Course #* | | | |  | | *Description* | | |  |  | | | *Course #* | | |  | *Description* | | | | | | |  |
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| **After all signatures are obtained, please submit to the UA Office** | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |  |  | | *Course #* | | | |  | | *Description* | | |  |  | | | *Course #* | | |  | *Description* | | | | | | |  |
|  | | Please attach a complete schedule of dates and specific locations for instruction during the period off campus. If 50% of the instruction will occur at a specific location, please include a complete address for that location, including a title for the facilities (University of \_\_\_\_\_\_\_, etc) if appropriate. | | | | | | | | | | | | | | | | | | |  |  |  | |  | | | |  | | | | | | | | | | | | | | | | | | | |  |
|  | Office of University Accreditation  Hurley Administration Building, Room 135  940.565.4266 Ronda.Bewley@unt.edu | | | | | | | | | | | | | | | | | | |  |  | | Director of University Accreditation: | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | | | |  | | | | | | | | | |  | |  | | |  |  | *Signature (required if new location code is needed)* | | | | | | | | | | | | | | | | | | | |  | | | *Date:* | | |  |