



# Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

## OFFICE OF THE REGISTRAR

### Section Attribute Information

Date: \_\_\_\_\_ Term & Year: \_\_\_\_\_

Department: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Extension: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Please include faculty last name when ACE designation is selected.**

CRN	Subject	Course	Section	Writing Enhanced	Honors	ONLI (Reserve for 100% Online students)	EWCAT	*ACE*	Faculty Name

Submit form to [schedule@shsu.edu](mailto:schedule@shsu.edu) for processing

\_\_\_\_\_  
Processed By                      Date