 **TERM: \_\_\_\_\_\_\_\_\_\_\_\_\_**

***Office of Class Management***

**Recitation Notification Form\***

Send to**:**

**CAS Enrollment Office: cassched@fiu.edu**

* This form will be used for courses defined under one (1) large lecture section and ***various*** ***recitations*** (break-out) ***sections***. The **large lecture** section will be displayed as the 1st Meeting Pattern, which will be assigned a **large** capacity classroom. The **recitation** sections will be displayed as the 2nd Meeting Pattern, which will be assigned **smaller** capacity classrooms.
	+ **For Example**: CGS 2060 U01 will have 1st meeting pattern in VH 131 on MW from 12:00PM – 12:50PM and 2nd meeting pattern in GC 279A on F from 1:00PM – 1:50PM; U02 will have the same 1st meeting pattern and the 2nd meeting pattern will be in GC 279B on F from 2:00PM – 2:50PM.
* **Large** capacity classroom must be equal or less than the total of all sections of the course offering.
* **Small** capacity classroom must be equal or less than the individual section of the course offering.
* Please make sure all course sections have been entered into Panthersoft: Campus Solutions prior to submitting Recitation Notification Form.
* Signature is required by the appropriate individual (Chair/Dean/Director) for approval of this request.
* Complete all sections of the form, as incomplete forms **will not** be processed.

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. Scheduler: \_\_\_\_\_\_\_\_\_\_\_ Dept. EXT: 7-2227

Chair/Dean/Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Lecture or Recitation | Class # | Course Offering | Course Section | Meeting Days | Meeting Start Time | Meeting End Time | Instructor’s PID | Preferred Room | Cap |
| Lecture |  |  |  |  |  |  |  |  |  |
| Recitation |  |  |  |  |  |  |  |  |  |
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**\*Office of Class Management reserves the right to deny any form or document that has been altered.**