

# Course Scheduling Request

*For EVERY course, EVERY semester, we need to have the following information.*

Course number: \_\_\_\_\_

Instructor: \_\_\_\_\_

Second Instructor: \_\_\_\_\_

Course Title: \_\_\_\_\_

Semester:  Winter     Summer     Fall    Year: \_\_\_\_\_

Credit hours: \_\_\_\_\_

Method:  Face to Face     Internet     Web Assisted     Starburst

Cap: \_\_\_\_\_

Consent Required? \_\_\_\_\_

Room preference: \_\_\_\_\_

Beginning date / ending date (for courses that differ from regular semester):

Schedule (meeting dates and times):

Summer Courses:

Course Length:     1<sup>st</sup> 4 Weeks     2<sup>nd</sup> 4 Weeks     8 Weeks

On Campus, Off campus, or one section of each: \_\_\_\_\_

Prerequisites: \_\_\_\_\_

For Seminar courses, please give a brief description: \_\_\_\_\_

\_\_\_\_\_