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: □ 1st 4 Weeks    □ 2nd 4 Weeks    □ 8 Weeks
On Campus, Off campus, or one section of each: ______________________________
Prerequisites: __________________________________________________________
For Seminar courses, please give a brief description: _____________________________
________________________________________________________________________