

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: _____
