

Office of the Registrar Course Add Request Form

% FQBSUNFOUT TIPVME VTF UIJT GPSN UP SFRVFTU OFX DPVSTF DSFB
/05 CF BDDFQUFE QBTU UIF BEE ESPQ EFBEMJOF GPS UIF TFNFTUFS P
TDIFEVMFCVJMEFS!LFOOFTBX FEV

☑ First Name: _____ ☑ Last Name: _____

☑ Phone (extension): _____ ☑ Department: _____

☑ Semester Requesting: Fall Spring Summer ☑ Year: _____

NEW COURSE ADD:

☑ Subject: _____ ☑ Credit Hours: _____ ☑ Enrollment: _____

☑ Course Number: _____ ☑ Instructional Method: _____ ☑ Projected Enrollment: _____

☑ Section #: _____ ☑ Grade Mode: _____ ☑ Building: _____

☑ Campus: _____ ☑ Special Approval: _____ ☑ Room: _____

☑ Instructor ID #: _____ ☑ Part-term: _____ Crosslist Course(s): _____

Meeting Type, Days & Time:

Meeting Type	M	T	W	R	F	Sa	S	Start Time	End Time
	F	F	F	F	F	F	F		
	F	F	F	F	F	F	F		
			F	F	F				
	F	F	F	F	F	F	F		