

REQUEST FOR ADDITION TO CURRENT SCHEDULE

Please add to our department schedule for _____ the following:
Term/Year

Department _____

Course Number _____ SectionNumber _____

Core Codes: Division _____ (D,L,R,S or W) _____

Instructor _____

Course Title _____

Days/Times or TBA _____

Credit Hours _____ Tuition _____ Lab Fee _____

Number of Seats _____ Permission Required - Yes / No _____

PLEASE NOTE: Attach a course description for Independent Study Courses.

Signature of Core Committee Chair _____ Date _____
(For D, L, R, S or W Courses only)

Signature of Departmental Chair _____ Date _____

Signature of Appropriate Dean _____ Date _____

Please send COMPLETED form to the Registrar's Office.