

COURSE SCHEDULE REQUEST FORM

Department _____

_____ Fall _____ Summer I
 _____ Spring _____ Summer II
 _____ May Mini _____ August Mini
 _____ _____ Winter Mini

Year: _____

PRE-FIX	CRS NO	COURSE TITLE	SECTN	PIN/PDP	CR HRS	# OF SEATS	DAYS OF THE WEEK	START HRS	STOP HRS	BLDG	ROOM	INSTRUCTOR'S CWID	INSTRUCTOR'S NAME (Last, First, MI)	FTEF	GRADE TYPE

_____ Department Head

_____ Dean

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