

Faculty Course Request Form

Term course will be taught: _____	Name of course: _____
Assigned instructor: _____	Section Enrollment: _____ Maximum enrollment
Campus: <input type="checkbox"/> BRC <input type="checkbox"/> Distance Learning (SLN) <input type="checkbox"/> High School Bridge <input type="checkbox"/> Highland Middle School <input type="checkbox"/> Main Campus (SRC) <input type="checkbox"/> Off Campus (other)	Course Status: <input type="checkbox"/> Active <input type="checkbox"/> Final approval necessary before registration <input type="checkbox"/> On "Hold" <input type="checkbox"/> Open
Schedule Type: <input type="checkbox"/> Lecture <input type="checkbox"/> Combined lecture/lab <input type="checkbox"/> Distance Learning <input type="checkbox"/> Hybrid/Blended – WebCT <input type="checkbox"/> Enhanced – WebCT	Scheduled Meeting Times: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

Start Time of class: _____ am pm End Time of class: _____ am pm

Comments: Any special comments that should appear on schedule?

This section is to be filled out by the faculty secretary:

CRN NUMBER: _____ **SECTION NUMBER:** _____

The below section is to be completed by the Registrar's Office

Once the course has been put on Banner,
This paperwork should be copied and forwarded to
Kerrie Hicking in the Registrar's Office
so she can assign the classrooms.

Building: _____ Room Number: _____