

Course Creation Form



All new courses, additional course sections, course labs, recitations and courses with curricular changes are created using this form.

Term: _____ Academic Dept: _____ School: Arts & Sciences Education Professional Studies

Subject: _____ Number: _____ Section: _____ Title: _____

Instructor Name: _____ Instructor ID: _____

LOCATION & TIME

Part of Term	Days	Start Time	End Time	Building	Room
<input type="checkbox"/> Full Term	<input type="checkbox"/> Monday <input type="checkbox"/> Friday				
<input type="checkbox"/> First Quarter	<input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday				
<input type="checkbox"/> Second Quarter	<input type="checkbox"/> Wednesday <input type="checkbox"/> Sunday				
	<input type="checkbox"/> Thursday				

ENROLLMENT DATA

Special Population	Schedule Type	Credit Hours	Enrollment Cap.
<input type="checkbox"/> Honors	<input type="checkbox"/> Activity (A) <input type="checkbox"/> Directed Study (G) <input type="checkbox"/> Observation (M)	<input type="checkbox"/> Standard: _____	
<input type="checkbox"/> Learning Comm	<input type="checkbox"/> Lab (B) <input type="checkbox"/> Research (H) <input type="checkbox"/> Internship (N)	<input type="checkbox"/> Variable	
<input type="checkbox"/> EOP	<input type="checkbox"/> Co-Op (C) <input type="checkbox"/> Ind Study (I) <input type="checkbox"/> Overseas/SAB (O)	Min: _____	
<input type="checkbox"/> Practice/Sport	<input type="checkbox"/> Distance (D) <input type="checkbox"/> Student Teach (J) <input type="checkbox"/> Participation (P)	Max: _____	
<input type="checkbox"/> Other:	<input type="checkbox"/> Studio (E) <input type="checkbox"/> Fieldwork (K) <input type="checkbox"/> Recitation (R)		
	<input type="checkbox"/> Seminar (F) <input type="checkbox"/> Lecture (L) <input type="checkbox"/> Self-Paced (S)		

ADDITIONAL COURSE DATA

Course Fees <small>(VP Approval Required)</small>	Course Attributes	Reg Restrictions	E-Learning Options	CRN (Reg Use Only)
	<input type="checkbox"/> CGE _____ <input type="checkbox"/> Honors (HNRS) <input type="checkbox"/> Lib Arts (LASR) <input type="checkbox"/> Presentation (PRES) <input type="checkbox"/> Writing (WRIT) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Special Permission <input type="checkbox"/> Special Population <input type="checkbox"/> Majors Only <input type="checkbox"/> Non-Majors Only Majors to Include or Exclude:	<input type="checkbox"/> Traditional Course <input type="checkbox"/> Online Only <input type="checkbox"/> Hybrid <input type="checkbox"/> SLN Hide Hybrid Dates:	

CONNECTED COURSES

Cross-Listed Courses:		
Subject	Number	Section

Linked Courses: <small>(Includes: labs, recitations, observation etc...)</small>		
Subject	Number	Section

Course Notes (Included on the Schedule)

APPROVAL

Department Chair Signature: _____

Dean Signature: _____