Office of the Registrar
Scheduling Office
<u>APPROVED CROSSLIST</u> Semester Add Form

☐ **FALL**   ☐ **SPRING**   ☐ **SUMMER**

☐ **Add**   ☐ **Cancel**

☐ **Revise/Change**   ☐ **Cancel/Reschedule**

Cancel & Cancel/Reschedule – Must have Department Chair and Dean's approval/signatures when changes are made to dates, day, time, title, credit hours or special fee/fee code.

Fax to Scheduling 277-7585

TERM: _____   Form Initiated by:_____ Title: _____

_____   _____   _____
Phone Number   Email Address   **Campus**

<u>Home Department Information</u>

Part of Term: _____   Open Learning ☐   Duration _____   Number of Days   Start: _____ End: _____

_____   _____   _____   _____   _____
CRN #   Subject Code   Course #   Sec #   Course Title (30 characters only)

_____   _____   _____   _____   _____   _____
Section Cap.   Credit Hrs.   Days   Military Time   Building   Room

Course Fee Code _____ Amount $ _____

_____   _____
*Instructor (Last Name, First)   **Banner ID**

_____   _____
 Instructor (Last Name, First)   Banner ID

_____   _____
Instructor (Last Name, First)   Banner ID

Section Comments: _____

_____

Special Approval (check only one if applicable)

	AA	Academic Advisor
	DN	College Dean
	DP	Department
	FA	Faculty Advisor
	HA	Honors Advisor
	IN	Instructor
	PD	Program Director

_____   _____
Department Chair Signature   **Date**

<u>Cross List Department Information</u>

CRN #	Subject Code	Course #	Section Cap.	Approval Code	Fee Code	Amount	Department Chair Signature
_____	_____	_____	_____	_____	_____	$_____	_____
_____	_____	_____	_____	_____	_____	$_____	_____
_____	_____	_____	_____	_____	_____	$_____	_____
_____	_____	_____	_____	_____	_____	$_____	_____

Home Department is responsible for all course updates and revisions during the term specified above. All revisions are to be submitted on a **Course Update & Revision Form**.

After obtaining <u>APPROPRIATE SIGNATURES</u>
submit form to:

Scheduling Office
Student Services Center, Room 263
Phone: 277-4336   **Fax: 277-7585**

For Scheduling Office Use Only

_____ Approved Crosslist

_____ Assigned Crosslist Code

_____ Entered by Date _____