

**Office of the Registrar
Scheduling Office
OFFERED WITH Semester Add Form**

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| TERM: _____ | Form Initiated by: _____ | Title: _____ |
| Phone Number _____ | Email Address _____ | Campus _____ |

Home Department Information

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|--------------------------------------|--|---|---------------------|---|--------------------------|----|------------------|--------------------------|----|--------------|--------------------------|----|------------|--------------------------|----|-----------------|--------------------------|----|----------------|--------------------------|----|------------|--------------------------|----|------------------|
| Part of Term: _____ | Open Learning _____ of days or weeks <small>(enter number) (circle one)</small> | Start Date: _____ | End Date: _____ | | | | | | | | | | | | | | | | | | | | | | |
| CRN # _____ | Subject Code _____ | Course # _____ | Sec # _____ | Course Title (30 characters only) _____ | | | | | | | | | | | | | | | | | | | | | |
| Section Cap. _____ | Credit Hrs. _____ | Days _____ | Military Time _____ | Building _____ Room _____ | | | | | | | | | | | | | | | | | | | | | |
| *Instructor (Last Name, First) _____ | Banner ID _____ | Course Fee Code _____ | Amount \$ _____ | | | | | | | | | | | | | | | | | | | | | | |
| Instructor (Last Name, First) _____ | Banner ID _____ | Special Approval (check only one if applicable) | | | | | | | | | | | | | | | | | | | | | | | |
| Instructor (Last Name, First) _____ | Banner ID _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>AA</td><td>Academic Advisor</td></tr> <tr><td><input type="checkbox"/></td><td>DN</td><td>College Dean</td></tr> <tr><td><input type="checkbox"/></td><td>DP</td><td>Department</td></tr> <tr><td><input type="checkbox"/></td><td>FA</td><td>Faculty Advisor</td></tr> <tr><td><input type="checkbox"/></td><td>HA</td><td>Honors Advisor</td></tr> <tr><td><input type="checkbox"/></td><td>IN</td><td>Instructor</td></tr> <tr><td><input type="checkbox"/></td><td>PD</td><td>Program Director</td></tr> </table> | | | <input type="checkbox"/> | AA | Academic Advisor | <input type="checkbox"/> | DN | College Dean | <input type="checkbox"/> | DP | Department | <input type="checkbox"/> | FA | Faculty Advisor | <input type="checkbox"/> | HA | Honors Advisor | <input type="checkbox"/> | IN | Instructor | <input type="checkbox"/> | PD | Program Director |
| <input type="checkbox"/> | AA | Academic Advisor | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | DN | College Dean | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | DP | Department | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | FA | Faculty Advisor | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | HA | Honors Advisor | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | IN | Instructor | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | PD | Program Director | | | | | | | | | | | | | | | | | | | | | | | |
| Department Chair Signature _____ | Date _____ | | | | | | | | | | | | | | | | | | | | | | | | |

Offered With Department Information

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|-------------|--------------------|----------------|--------------------|---------------------|----------------|-----------------|----------------------------------|
| CRN # _____ | Subject Code _____ | Course # _____ | Section Cap. _____ | Approval Code _____ | Fee Code _____ | Amount \$ _____ | Department Chair Signature _____ |
| CRN # _____ | Subject Code _____ | Course # _____ | Section Cap. _____ | Approval Code _____ | Fee Code _____ | Amount \$ _____ | Department Chair Signature _____ |
| CRN # _____ | Subject Code _____ | Course # _____ | Section Cap. _____ | Approval Code _____ | Fee Code _____ | Amount \$ _____ | Department Chair Signature _____ |
| 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. After the initial addition of Approved Crosslist courses with this form, all revisions are to be submitted on a **Course Update & Revision Form**.

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| <p>After obtaining <u>APPROPRIATE SIGNATURES</u> submit form to:</p> <p>Scheduling Office Student Services Center, Room 263 Phone: 277-4336 Fax: 277-7585</p> |
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|---|
| <p>For Scheduling Office Use Only</p> <p>_____ Entered by Date _____</p> |
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