## Office of the Registrar Scheduling Office Kirtland Scheduling Form

	SPRIN	IG □SUMM	IER			
□ Add □ Revise	/Change	☐ Cancel ☐ Cancel/Res	schedule	and De	an's approva	<b>teschedule</b> – Must have Department Chair al/signatures when changes are made to dit hours or special fee/fee code.
Form Initiated by:		Title:		Date Submitted:		
Phone Number:		Email		Campus Code : EKA		
Add section i	information					
Part of Term: 1H	16 weeks = 1 <sup>st</sup> 8 weeks H= 2 <sup>nd</sup> 8 weeks	Open Learning(ente		s or weeks cle one)	Start Dat	e: End Date:
CRN# Su	bject Code	Course #	Sec #	Co	ourse Title (30	O characters only)
Section Cap. C	redit Hrs.	Days	Military Tir	 me	Building	Room
Meeting Type 1:_	Days:	Start Ti	me:	End Time	):	Building: <b>OKAFB</b>
Meeting Type 2:_	Days:	Start Ti	me:	End Time	o:	Building: <b>OKAFB</b>
*Instructor (Last Na	ame, First)	Banner ID	<u> </u>	Sp	AA DN	Val (check only one if applicable)  Academic Advisor  College Dean
Instructor (Last Na	ame, First)	Banner ID			DP FA HA	Department Faculty Advisor Honors Advisor
Course Fee Code	e Amo	unt \$			IN PD	Instructor Program Director
Contact Informat	tion					
Contact Phone: -						After obtaining APPROPRIATE
Email:						SIGNATURES submit form to: Extended Univ. KAFB
Comments:						Attention: Susan Reyner Phone 260-1354 Fax 255-0449
Approvals						
Department Scheduling Coordinator						Date:
Department ChairDate:						
Kirtland Course SchedulingDate:						Date:
	Scheduling use	only				

OKAFB Site Code: \_\_\_\_\_ ABQ EU ES Attribute: \_\_\_\_\_ EKA Campus : \_\_\_\_ Entered by:\_\_