



NEW COURSE REQUEST FORM

Course Code(s) / Title

Requested Course Code:	-	<i>i.e. AHIS-2010</i>	Please crosslist with:
Course Name (30 character limit):			<i>i.e. DSGN 3311 and JWLY 3311 or CERM 3506-4609</i>

Course Information

Credits:	Fixed:	Variable: Min:	Max:
Course Type:	Studio	LAS	

Course Requisites

Prerequisite:
Corequisite:

Course Restrictions

Course Limit:	
This course requires instructor permission:	Yes No
This course requires Chair permission:	Yes No

Course Billing Information

Material Fee:	AR Code:
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Course Description

Course Requested by: _____ Date: _____

Signatures:

1. Division Chair	_____	Date: _____
2. Librarian	_____	Date: _____
3. Academic Affairs Officer	_____	Date: _____
4. Registrar	_____	Date: _____

Senate's Action:	Motion number:
Date:	Recorded by:

REGISTRAR'S OFFICE ONLY

Processed by: _____ on: _____