

This form is designed for use by faculty to request a course addition/deletion to the course schedule **after** the course schedule has been approved for publication. Approval validates course need and instructor's academic load.

Date: _____ **Requestor:** _____

Instructor of Record Information: ☐ **Check this box if a new instructor of record (listed in the section below) has been assigned to the course.**

Instructor's Name	Instructor's Banner ID #	Instructor's Status
	9000	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Adjunct <input type="checkbox"/>

Requested Course Information:

Action	Course Prefix	Course Number	Section Number	Course Registration Number (CRN)	Type of Revision
*Revise <input type="checkbox"/>					<input type="checkbox"/> Instructor
Delete <input type="checkbox"/>					<input type="checkbox"/> Location
Add <input type="checkbox"/>					<input type="checkbox"/> Time

*Year	*Semester	Part of Term	Days Offered	Campus Code	Building Code	Room Number	Number of Seats	Start Time	End Time

(* indicates required fields for revision requests. Please indicate the requested changes only in the above section for courses marked for revision).

Justification for Request:

--

Does this course require additional compensation? Yes ☐ No ☐

****Web-based courses require approval:**

****Director of e-Learning:** _____ **Date:** _____

Instructor's Current Course Load:

Current Total Credit Hours:

Course Registration Number	Course Prefix	Course Number	Section Number	Number of Registered Students	Number of PAID Students

Requestor

Date

Division Dean

Date

VC for Academic Affairs/Date: _____

Registrar's Office: Processed by: _____

Date Processed: _____