COURSE MAINTENANCE

TERM **(check one)** ☐FALL - I   ☐SPRING - II   ☐SUMMER - III

NEW COURSE **Fill this section out for adding a new course**.	CHANGE/CANCEL **Fill this section out to change or cancel a course.**

Name of Course: _____
 	
Prefix: _____ Course Number: _____ Section: __
 	
Location: ☐On Campus   ☐Off Campus
 	
Course Type:
☐Academic ☐PSAV   ☐Workforce   ☐Community Ed.
☐Standard Lecture ☐Online ☐Blended ☐Dual Enrollment
 	
Instructional Method: ☐C = On-Campus face-to-face
☐HB = Hybrid (30-79% technology)   ☐D = Distance Learning
 	
Special Format Code: ☐Z = Traditional   ☐M= Modularized
☐P = Compressed   ☐R = Corequisite
 	
Course Start Date: _____   Stop Date: _____
       M / D/ YY   M / D/ YY
 	
Maximum # of Seats: _____
 	
Meet Day: ☐M ☐T ☐W ☐R ☐F ☐S ☐U
 	
Meeting Time: From _____ to _____
 	
Lab Time: From _____ to _____
 	
Meeting Place: Location_____
 	
      Bldg. # _____ Room # _____
 	
Instructor Name: _____
 	
(Hours must match catalog)
Credit Hours of Class: _____ Clock Hours:_____
 	
(*Fill out for workforce only)
*Clock Hours:_____   *Cost of Course: _____
	☐Course Change (Fill out all items 1 – 6 and other changes)
	
	☐Cancel Course (Fill out items 1 – 5 only)
	
	1. CRN # _____ 2. Course Name:_____
	
	3. Prefix: _____ 4. Course Number: _____
	
	5. Section: _____ 6. Location: _____
	
	Course Start Date: _____ Stop Date: _____
	         M / D/ YY M / D/ YY
	
	Building # Change: From _____ to _____
	
	Room # Change: From _____ to _____
	
	Instructor Change: From _____ to _____
	
	Meet Day: From ☐M ☐T ☐W ☐R ☐F ☐S ☐U
	
	Meet Day: To ☐M ☐T ☐W ☐R ☐F ☐S ☐U
	
	Meeting Time: From _____-_____ to _____-____
	
	Additional Comments: _____
	_____
	_____
	_____

Submitted by: (Dept. Chair) _____   Date: _____
                                                    M / D/ YY

Approved by: (Dean) _____   Date:_____
                                                   M / D/ YY

Copy Sent To: Dickey ☐   Hackle ☐

Date: _____
   M / D/ YY