

Assigned CRN:

Semester: 51=FALL 53=SPRING 55=SUMMER

Part of Term: 1=FULL term 2=1ST HALF of term 3=2ND HALF of term Year:

Division: 20=ALLH 30=SOC/BEHAV SCI 40= BUS STUDIES 50=HUM 55=NURS
 60=STEM 100=CONT EDU

Course Prefix: Course Number: Credit Hours:

Course Name: _____

Course Fee: \$_____ Course Fee Type: Book Online Course

Section: 001-099= Lec 100-199= Lab 200-299= Lec/Lab 300-399=Technical/Vocational
 400-499=Web 500-599=Dual Enrollment 600-699=Hybrid 700-799=Clinical
 800-899= Online ONLY Programs 900-999=CONNECT (Off-campus Instructional Sites – SUBR: 900-919, SUNO: 920-939, LSUS: 940-959, etc.)

This course requires instructor approval for registration. If checked, the number of seats must equal zero (0).

Campus Code: 001=MAIN 099=OFF-CAMPUS

Bldg Code: 000A=ADM 000B=LEC HALL 000C=FA 000D=HPRE 000F=NCR 000H=SCI
 000L=BUS /COMM DEV 000N=JACKSON 000O=DENTAL HYGIENE
 000Q=ALLEN 000R=MSKIT 000X=METRO 000Y=AERO 000Z=WEB

Building Name (Connect and Dual Enrollment Programs ONLY): _____

- Web-based course:**
- Please provide the term and year this course was last offered online: _____
 - Please provide the CRN for the completed version of this course: _____

Web-based course approval: Director of e-Learning: _____

Room Number: Days Offered:
 M T W R F S

Number of Seats:

Instructor's First/Last Name: _____ Instructor's SUSLA ID #: _____

Start Time: : Use Military Time (1:00 pm=1300, 3:00 pm=1500, 6:00 pm=1800)

End Time : Use Military Time (1:00 pm=1300, 3:00 pm=1500, 6:00 pm=1800)

Requested By: _____ Date: _____

Division Dean: _____ Date: _____

VC for Academic Affairs and Workforce Development _____ Date: _____

Registrar's Office:
 Processed by: _____ Date Processed: _____