COURSE REQUEST FORM – UNDERGRADUATE STUDIES

Name:_____   Phone:_____

Email:_____   Office:_____

Please complete the following information for <u>each section of the course</u> you need built in Student Central. The requested time MUST adhere to the standard class start times. All courses will be built with delivery mode as In Person/Traditional and using the Regular Academic schedule.

Course and sec #	Enrollment Cap	Day(s)	Time	Preferred Building/Room
Instructor of Record (PRIMARY IOR) Name:				
____IOR is teaching as part of his/her Assignment of Responsibilities (AOR) ____IOR is on an adjunct appointment ____IOR is a Teaching Assistant				
Is IOR teaching this course for the first time? **YES NO** If yes, resume/transcript and credentials form must be on file before instructor is put in the course				
Other Instructor(s) **Name** **Role (IOR, MENTOR, …)** **GRADE ACCESS (GRADE/APPROVE)**				
Schedule Print YES NO Reserve Capacity YES NO (course visible to students) **If Yes, include code to be used**				
Free Form Topic to be included? (i.e. Bryan LLC students only) limited to 28 characters				
Textbook(s) Required? Yes No If yes, textbook ISBN, Title, Author				

Course and sec #	Enrollment Cap	Day(s)	Time	Preferred Building/Room
Instructor of Record (PRIMARY IOR) Name:				
____IOR is teaching as part of his/her Assignment of Responsibilities (AOR) ____IOR is on an adjunct appointment ____IOR is a Teaching Assistant				
Is IOR teaching this course for the first time? **YES NO** If yes, resume/transcript and credentials form must be on file before instructor is put in the course				
Other Instructor(s) **Name** **Role (IOR, MENTOR, …)** **GRADE ACCESS (GRADE/APPROVE)**				
Schedule Print YES NO Reserve Capacity YES NO (course visible to students) **If Yes, include code to be used**				
Free Form Topic to be included? (i.e. Bryan LLC students only) limited to 28 characters				
Textbook(s) Required? Yes No If yes, textbook ISBN, Title, Author				

Course and sec #	Enrollment Cap	Day(s)	Time	Preferred Building/Room

Instructor of Record (PRIMARY IOR) Name:

____IOR is teaching as part of his/her Assignment of Responsibilities (AOR)
____IOR is on an adjunct appointment
____IOR is a Teaching Assistant

Is IOR teaching this course for the first time? **YES   NO**
If yes, resume/transcript and credentials form must be on file before instructor is put in the course

Other Instructor(s)
Name
Role (IOR, MENTOR, …)
GRADE ACCESS (GRADE/APPROVE)

Schedule Print   YES   NO   Reserve Capacity   YES   NO
(course visible to students)   **If Yes, include code to be used**

Free Form Topic to be included?
(i.e. Bryan LLC students only) limited to 28 characters

Textbook(s) Required?   Yes   No   If yes, textbook ISBN, Title, Author

Course and sec #	Enrollment Cap	Day(s)	Time	Preferred Building/Room

Instructor of Record (PRIMARY IOR) Name:

____IOR is teaching as part of his/her Assignment of Responsibilities (AOR)
____IOR is on an adjunct appointment
____IOR is a Teaching Assistant

Is IOR teaching this course for the first time? **YES   NO**
If yes, resume/transcript and credentials form must be on file before instructor is put in the course

Other Instructor(s)
Name
Role (IOR, MENTOR, …)
GRADE ACCESS (GRADE/APPROVE)

Schedule Print   YES   NO   Reserve Capacity   YES   NO
(course visible to students)   **If Yes, include code to be used**

Free Form Topic to be included?
(i.e. Bryan LLC students only) limited to 28 characters

Textbook(s) Required?   Yes   No   If yes, textbook ISBN, Title, Author