



Course Offering Form

This form must be completed in full

Fall Spring Summer

Course Name _____

<input type="checkbox"/> Original	<input type="checkbox"/> Local
<input type="checkbox"/> Amendment	<input type="checkbox"/> Web-Based (no meeting time)
_____ Date _____	<input type="checkbox"/> Web-Based (Elluminate)
	<input type="checkbox"/> Audio-Conference

Course Number _____ Credits _____

Grading Letter Pass/Fail

Course Dates _____ OR Full Semester Course

Equipment / Special Room Request/Max Number Students
(Explain reason for the request) _____

Preferred Days _____ Preferred Times _____

Instructor Name: _____

Returning Adjunct (Information below not required)
 New Adjunct (Complete the information below)

Address _____ Phone _____

Resume/Application on File Make sure instructor completes a new hire packet with the personnel office.

Instructor Paid By: Payroll Contract Volunteer

Course Fees: (Tuition & required fees will be added automatically)

<input type="checkbox"/> Computer (\$15/Credit)	<u>Distance Fees</u>
<input type="checkbox"/> CISCO Lab (\$20/Credit)	<input type="checkbox"/> Standard Distance(\$40/\$75)
<input type="checkbox"/> Science/Art (\$70)	<input type="checkbox"/> Video Rental (\$5/video) _____
<input type="checkbox"/> Manuscript (\$35)	<input type="checkbox"/> Distance Mailing (\$15) _____
<input type="checkbox"/> Non Credit Course Fee	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	

Technology Requirements Detailed (Check all that apply)

fax tv/vcr computer with internet access

headphones/mic other _____

Additional Comments/Course Description: _____ Use Catalog Description

Course Canceled _____

Reason _____ Date _____ By _____

Administrative Use Only

Course Number	CRN	Tuition
Room	Class Limit	Org
Approval	Date	Fees