DEADLINE: Reading Week of the *current* Fall Semester

Fall _____ AFAS Course Requests
If a new course, please attach the appropriate new course proposal form, attribute form(s), *and*
syllabus. (Please note new courses are subject to being scheduled before 10am or after 3pm to comply with the new College Office guidelines.)

Faculty Name_____

Course #1   Course Number _____

Title _____

Preferred Choice, Day & Times_____

Alternate Choice, Day & Times _____

Enrollment Limit_____   Required Seating _____

Final Exam Options (PLEASE SELECT ONE):

    See Instructor___No Final___   Auto Assign ___ (This option will automatically

    assign a date, time, and room for your exam)

Cross listed departments_____

Course #2   ***Fill out whether for AFAS or another department; needed for scheduling.***

Course Number_____

Title_____

Preferred Choice, Day & Times _____

Alternate Choice, Day & Times _____

Enrollment Limit _____   Required Seating _____

Final Exam Options (PLEASE SELECT ONE):

    See Instructor___No Final___   Auto Assign ___ (This option will automatically

    assign a date, time, and room for your exam)

Cross listed departments_____

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