



## SCHEDULING AID

SEMESTER: FALL, 200\_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

**FOR EACH CLASS YOU TEACH:**

(1) If there are no changes from the previous semester, write “no change” on the form and return it to the Associate Dean of Academic Affairs; we’ll print the class as it appeared last time.

**OR**

(2) If there is a change, complete **ALL THE FIELDS** for the headings below – even if there is only one change to your class, complete all fields and circle the field that has changed.

(3) If there is a day or time change, visit with the Academic Dean, then insert the day/time change in the comments section.

**FOR A NEW CLASS:**

(1) Complete all the fields for the headings below.

(2) In comment section, insert the days & times for the new course.

Dept Prefix	Course#	Course Title	Lecture or Lab	Credit Hours	Contact Hours	Instructor	Room Preference	Class Limit (if no limit enter 999)	Estimated # Of students	Courses which Might conflict	Comments: (example: approved special fees, special begin/end dates, first class meeting)

***Return to the Associate Dean for Academic Affairs whether or not you have changes or new classes.***