SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Term(s) Planned

This form is required prior to scheduling any class that meets in an off-campus location (i.e., WHYHEC, SWIJWDC-Belleville, High School, Partner Campuses)

Lead Facult	y Member			Department	Phone Ext.	Fall	ng		
Off Campus	Location (b	ouilding, roo	om, city)	Cooperating Instituti	on (if any)				
Subject	Course	Section		Title		structor(s) Name, First		# & Ponstruc	ercent tion

Start Date	End Date	Instructional Method	Credit Hours	Max Enroll	Reserved Seating (Total Seats & Population)				
			Meeting Pattern (if applicable)						

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	Start Date	End Date	М	т	W	R	F	S	U	Start Time	End Time	Off Campus Site or On Campus Building/Room
Face-to-Face On-Campus												
Face-to-Face Off-Campus												

Please use for Additional Comments/Instructions/Space for Off-Campus Address/Dual Credit Information:

This program and course are approved by:

			Additional Information/Office Use
Department Chair	Signature	Date	DC/DE Course:
			Affiliate Account:
Academic Dean	Signature	Date	Admission:
			Registration:
			Billing Hours (Y/N):
Graduate Dean (if graduate level)	Signature	Date	CRN(s):
Online Services & Ed Outreach Dir	Signature	Date	Academic Scheduling
			Date:
Provost & VC for Academic Affairs Resentative	Signature	Date	