Office of the Registrar
Scheduling Office
APPROVED CROSSLIST Semester Add Form

☐ FALL  ☐ SPRING  ☐ SUMMER

☐ Add  ☐ Cancel  ☐ Revise/Change  ☐ Cancel/Reschedule

Fax to Scheduling 277-7585

Cancel & Cancel/Reschedule – Must have Department Chair and Dean’s approval/signatures when changes are made to dates, day, time, title, credit hours or special fee/fee code.

TERM: _________ Form Initiated by: _______________ Title: ________________

Phone Number __________________________ Email Address __________________________ Campus ________________

Home Department Information

Part of Term: __________ Open Learning ☐ Duration ______ Number of Days Start: ___________ End: ___________

CRN # ________ Subject Code ________ Course # ________ Sec # ________ Course Title (30 characters only) ___________________________

Section Cap. ________ Credit Hrs. ________ Days ________ Military Time ________ Building ________ Room ________

Course Fee Code ________ Amount $ ________

*Instructor (Last Name, First) ___________ Banner ID ___________ Special Approval (check only one if applicable)

AA Academic Advisor
DN College Dean
DP Department
FA Faculty Advisor
HA Honors Advisor
IN Instructor
PD Program Director

Instructor (Last Name, First) ___________ Banner ID ___________

Instructor (Last Name, First) ___________ Banner ID ___________

Instructor (Last Name, First) ___________ Banner ID ___________

Section Comments: ____________________________________________

Department Chair Signature ___________ Date ___________

Cross List Department Information

CRN # ________ Subject Code ________ Course # ________ Section Cap. ________ Approval Code ________ Fee Code ________ Amount $ ________

Department Chair Signature ___________

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Department Chair Signature ___________

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Department Chair Signature ___________

Home Department is responsible for all course updates and revisions during the term specified above. All revisions are to be submitted on a Course Update & Revision Form.

After obtaining APPROPRIATE SIGNATURES submit form to:
Scheduling Office
Student Services Center, Room 263
Phone: 277-4336  Fax: 277-7585

For Scheduling Office Use Only
_____ Approved Crosslist
_____ Assigned Crosslist Code
_____ Entered by ______ Date ______

C:/Documents and Settings/cosme/My Documents/FORMS/Crosslist Form.DOC

Revised: 8/14/2006