

**Office of the Registrar  
Scheduling Office  
Also Offered As (AOA) Semester Add Form**

**Form Initiated by:** \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Taught With **(TW)**    No ☐    Yes ☐ *(if yes, include information below)*

_____ Dept	_____ Course	_____ Section
_____ Dept	_____ Course	_____ Section
_____ Dept	_____ Course	_____ Section

**SEMESTER** \_\_\_\_\_

**YEAR** \_\_\_\_\_

**Home Course Information**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

_____ Call #	_____ Dept.	_____ Course #	_____ Sec #	_____ Title <b>(20 Characters Only)</b>
_____ Total Cap	_____ FN (s)	_____ Credit Hrs.	_____ Days	_____ Military Time
				_____ Building
				_____ Room
_____ Instructor (Last Name, First)		_____ Social Security #		_____ Special Fee
_____ Department Chair Signature				

**AOA Courses information must match Home Course Information**

_____ Call #	_____ Dept	_____ Course #	_____ FN(s)	_____ Special Fee	_____ Department Chair Signature
_____ Call #	_____ Dept	_____ Course #	_____ FN(s)	_____ Special Fee	_____ Department Chair Signature
_____ Call #	_____ Dept	_____ Course #	_____ FN(s)	_____ Special Fee	_____ Department Chair Signature

**Home Department** is responsible for all course updates and revisions for each semester. After the initial addition of AOA courses, 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**

\_\_\_\_\_ F1 AOA Function \_\_\_\_\_

\_\_\_\_\_ Update Database \_\_\_\_\_

\_\_\_\_\_ Update Book \_\_\_\_\_