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: __________

SEMMESTER __________ YEAR _______________

Home Course Information

Start Date: ____________ End Date: ____________

Call #: __________ Dept: __________ Course #: __________ Sec #: __________ Title (20 Characters Only)

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 __________

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