



SouthernTM
Illinois University
Carbondale

Request for Scheduling Concentrated Class or Workshop

Instructions:

Prepare this form and forward to the Graduate School through the appropriate academic dean.

SEMESTER

Fall Summer Spring YEAR _____

LOCATION _____

Define: Concentrated Course _____ or

DEPARTMENT _____ Workshop _____

Course Number	Section	Hours	Time	Day(s)	Bldg/Rm	Max
_____	_____	_____	_____	_____	_____	_____

Title* _____

* If workshop or seminar, give specific title or topic: _____

Beginning date _____ Total lecture hours _____

Ending date _____ Total lab hours _____

Times: M _____ to _____

T _____ to _____

W _____ to _____

Th _____ to _____

F _____ to _____

Sa _____ to _____

Su _____ to _____

Graduate credit only Undergraduate credit only Both

Name of Instructor _____

Status: Direct Dissertation

Regular

Adjunct/Emeritus

Has this course been approved as a concentrated course or workshop for any previous semester?

Yes If yes, give term and year _____

No

If a variation in regular fee is required, please complete the following:

Public Service Course (special audience to be served): _____

Part-waived by Chancellor (attach copy of agreement) _____

To be charged to Grant (give name) _____

Account Number _____

APPROVALS

Date

Department Executive Officer _____ / /

School or College Dean _____ / /

Graduate School _____ / /

FEE VARIATION APPROVAL (for Public Service Credit Courses)

Dean, Continuing Education _____ / /

Provost & Vice Chancellor _____ / /

ADMISSIONS AND RECORDS

Date processed _____ / _____ / _____ Call No. _____ Section No. _____