

Cohort Code _____

*Shaded areas for office use only

Detail Code _____

Tuition \$ _____

**Extended Campus
Course & Instructor Scheduling for (term) _____**

Program: _____ Program Coordinator: _____

Prefix	Course/Section	Cross-listed/Merged	CRN	Course Dates	Course Duration (days/weeks)	Time	*CH	Cap	Instructor Name/ Bear # or Last 4 of SSN	Faculty Type (F/A)	Faculty Load (O,I,T)	Instructor Pay Per Credit Hour	Location Or Bldg.

*For Variable Credit courses indicate the # of credit hours students should register for.

Faculty Load:
O = Overload
I = In-Load
T = Temporary Employment

DIRECTOR: _____ DEAN: _____
PVA Only