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

Program: _____ _____   **Program Coordinator:** _____

Prefix	Course #	Section #	Cross-listed/ Merged Yes or No	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.	Cohort #

*For Variable Credit courses indicate the # of credit hours students should register for.   If Online course, just indicate dates and Online

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

DIRECTOR: _____   DEAN: _____

PVA Only