Virginia Commonwealth University

COURSE SCHEDULE MAINTENANCE FORM

Year: _____ ☐ Spring ☐ Summer ☐ Fall

Course information (always fill out)

_____ CRN | _____ Subject | _____ Course # | _____ Section # L/C/V | _____ Date

☐ Add ☐ Change ☐ Cancel

Course title _____ Max size _____ Credit hours _____

Variable credits: _____ Maximum hours _____ Minimum hours _____ Start date _____ End date

Course Comments

_____ CRN _____ Subject _____ Course # **Cross listed**

_____ CRN _____ Subject _____ Course # **Cross listed**

(less than 100 characters)

_____ Major 1 _____ Major 2 _____ Major 3 ☐ Include ☐ Exclude **Major Restrictions**

_____ ☐ Include ☐ Exclude **School Restrictions**

_____ ☐ Include ☐ Exclude **Class Restrictions**

1. _____ Instructor's name (Last, First and MI) _____ % Taught _____ Course Attributes

2. _____ Instructor's name (Last, First and MI) _____ % Taught _____ Course Attributes

Instructors should be made familiar with the following policies: FERPA (http://www.vcu.edu/enroll/rar/FERPA.pps) and VCU Computer and Network Use Policy (http://www.ts.vcu.edu/policies/computeruse.html)

1. _____ Days _____ Start time _____ End time _____ Building _____ Room _____ Activity

2. _____ Days _____ Start time _____ End time _____ Building _____ Room _____ Activity

3. _____ Days _____ Start time _____ End time _____ Building _____ Room _____ Activity

Signature _____ Printed name _____ Phone no. _____