



## Credit Course Request Form

Please click [here](#) to review the revised  
[Credit Course Delivery Policy](#)

*-Office use only-*

Class Number:

Semester:

Tuition Rate:

**THIS FORM IS NOT FOR INDIVIDUAL STUDENT USE.**

**PLEASE REFER TO THE [NON-DEGREE SEEKING STUDENT ENROLLMENT FORM](#).**

- Please complete this form and print it. Send course request to Outreach & Engagement via Mail: MSC 6906, JMU, Harrisonburg, VA 22807 or FAX: 540-568-4252 or email to: Nicki West, westnc@jmu.edu.
- Course Request Form must be submitted at least **12 weeks** before a class is to begin.
- **Course requests not received by this deadline may not be approved, or instructors may not have timely access to JMU systems.**

**Requestor Name:**

**Date of Request:**

**Requestor Email:**

**Requestor Phone:**

### **COURSE INFORMATION**

**Name of course or subject:**

**Course Number:**

**Academic level:**

**Term:**

**Credit hours:**

**Contact hours:**

**Target audience:**

**Number expected to enroll:**

**Method of estimation:**

**Time:**

**Start Date:**

**End Date:**

**Day: (check all that apply)**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

**Location:**

Building and room:

Town and city:

**Is enrollment restricted?** Yes No

If yes, please specify:

**Is this course being taught as part of faculty load?** Yes No

**Is this course a part of a program?** Yes No

If yes, please select one of the following:

Degree Program Certificate program Adult Degree Program Module

**Is this a general education course?** Yes No

*The requesting department or organization assumes responsibility for any facility fee, e.g. room rental.*

**Syllabus and CV are being submitted via:** (NOTE: All course request forms must be accompanied by a current syllabus; adjunct faculty must also submit a current CV). Choose one:

Email Campus Mail (MSC 6906) Fax (540/568-4252)

Word attachment US Postal Service

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**INSTRUCTOR INFORMATION**

**Name:**

**Faculty Rank:**

**Email:**

**Phone:**

**Mailing address:**

**Last date taught at JMU:**

**Supervisor's name:**

**JMU Employee ID Number (if unknown, leave blank):**

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**COURSE FUNDING INFORMATION**

**Who is paying the tuition for this course?**

Grant School System Student Other

**Who is paying the \$20 student enrollment fee?**

Grant School System Student Other

**Who is paying the instructor?** (If nothing is checked, we assume that salary will **NOT** be paid by Outreach & Engagement) Choose one:

No salary required. Course is part of regular load Outreach & Engagement

Grant School System Other

*If 'other' please specify.*

**Will instructor require travel reimbursement?** Yes No

If yes, estimate costs:

**Particular specifications and considerations:**

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**CONTACT PERSON FOR BILLING** (If grant, school system or other paying tuition)

**Name:**

**Title:**

**Phone:**

**Fax:**

**Email:**

**Mailing address:**

*Please use the space below for any additional comments.*