



Credit Course Request Form

-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 send completed forms to Theresa Jennings at jennintl@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) US Postal Service

INSTRUCTOR INFORMATION

Name: Faculty Rank:

Email: Phone:

Mailing address:

Last date taught at JMU:

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

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 SPCE) Choose one:

No salary required. Course is part of regular load SPCE

Other (please specify)

Will instructor require travel reimbursement? Yes No

If yes, estimate costs:

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

Name: Title:

Phone:

Email:

Mailing address:

Please use the space below for any additional comments.