

CLASS SCHEDULE FORM

() Change () Add () Delete Semester _____ Year _____

Discipline _____ Course Number _____ Section _____

Method of Instruction

Circle one of the following:

Lecture (1) Lab (2) Std Teach/Internship/Practicum (3) Seminar (4)

Independent Study (*includes conference courses, individual problems courses*) (5) Private lesson (6)

Master's Thesis or Research Project (8)

Individualized (*asynchronous internet, video tape, and similar types of individualized instruction*) (0)

Medium of Instruction

*Additional Signature Required Below

Face to Face (1)

*UT Telecampus (2)

*Interactive Video (4)

*Hybrid (1)

Instructor Information

Instructor Name _____ Instructor ID (EID) _____

If more than one instructor, note additional instructors in comment section

Course Information

Course Title _____ Campus Taught At: (if not UTPB) _____

Credit Hours _____ Maximum Capacity _____ Instruct. Permission Req. _____

M T W R F S Starts _____ A.M./P.M. Ends _____ A.M./P.M. RM# _____

Cross Listed with:

Course# and Section _____ Course# and Section _____

Comment: _____

Requested By

Date

REACH Program Director (ITV, Hybrid, Online)

Date

Department Chair

Date

Dean

Date