

GRADUATE THEOLOGICAL UNION

Course Scheduling Information

General Instructions: Please **Type** or **Print**. Complete one form for each course offered, or a separate form for each semester if the course is offered more than one semester, and one for each section if the prerequisites and/or enrollment limits differ. Forward all copies to the Office of the Dean (Registrar) of your school.

Semester/Year: _____

Instructor(s): _____

Instructor(s) School(s): _____

Field(s) (2 field codes only): _____

Course #: _____

(list number if course was previously taught)

Level of Course (check only one):

- | | |
|--|--|
| <input type="checkbox"/> Introductory
(1000-1999) | <input type="checkbox"/> Intermediate
(2000-3999) |
| <input type="checkbox"/> Advanced
(4000-4999) | <input type="checkbox"/> Doctoral/
Advanced MA
(5000-5999) |
| <input type="checkbox"/> Doctoral
(Doctoral students only)
(6000-6999) | |

ONLINE course

Units: (check one) 1.5 3 1.5-3.0 Other _____

COURSE TITLE: _____

(No more than 30 characters, including spaces/punctuations; include subtitle, if any, in the course description)

COURSE DESCRIPTION: (Be concise, and include format [lecture/seminar], evaluation method [exams/research and/or reflection papers/presentations], and intended audience [e.g., MDiv, MA/MTS, DMin, PhD/ThD, or combination with varying requirements].)

PREREQUISITES:

REGISTRATION RESTRICTIONS: (Check ONLY if there are limits on the course)

- | | |
|---|--|
| <input type="checkbox"/> PIN REQUIRED, Maximum enrollment: # _____ | <input type="checkbox"/> Interview Required (PIN REQUIRED) |
| <input type="checkbox"/> NO PIN REQUIRED, Maximum enrollment: # _____ | <input type="checkbox"/> Auditors Excluded |
| <input type="checkbox"/> Faculty permission required (PIN REQUIRED) | <input type="checkbox"/> Auditors with Faculty Permission |

Day and Time Preferences: Please select designated time blocks only. Courses meeting twice weekly must follow a **M/TH** or a **T/F** pattern. Each block of time runs 1 hr, 20 min. Two blocks of time run 2 hrs, 50 min. Wednesday AM is reserved primarily for in-house courses. Please consider chapel schedules when selecting times for core courses.

Time Blocks: Circle Time(s) and Day(s) **# of Sessions Per Week:** _____ **# of Sections** _____

8:10-9:30 a.m.	12:40-2:00 p.m.	6:30-9:30 p.m.
9:40-11:00 a.m.	2:10-3:30 p.m.	7:10-8:30 p.m.
11:10 a.m.-12:30 p.m.	3:40-5:00 p.m.	7:10-9:10 p.m.
	6:10-9:00 p.m.	7:10-9:40 p.m.

- Smart classroom requested
- Check if day and time are *to be arranged* during the first course meeting

Schedule first meeting: _____ (date & time) _____ (place)

Dean's Signature/Date