Extended Studies
Course & Instructor Scheduling for _(term)_____

Program: _____ _____ **Program Coordinator:** _____ DIRECTOR: _____ DEAN: _____

Prefix	Course/ Section	CRN	Course Dates	Course Duration (days/weeks)	Time	*CH	Cap	Instructor Name/ Bear #	Faculty Type (F/A)	Faculty Load (O,I,T)	Instructor Pay Per Credit Hour	Location Or Bldg.	Tuition

***For Variable Credit courses indicate the # of credit hours students should register for.**

Grayed areas to be completed by the Office of Extended Studies

Faculty Load:
O = Overload
I = In-Load
T = Temporary Employment