

University of Missouri - St. Louis ITV Course Scheduling Request Form

Requestor Information

Date	Requested By	Department
Postal Mail Address		E-Mail Address
Telephone Number		FAX Number

Instructor Information

Instructor Name	Telephone Number
Postal Mail Address	E-Mail Address

Course Information

Course Title	Course Number				
Course Description					
<input type="checkbox"/> Credit Course (part of Teledegree or Cooperative program) <input type="checkbox"/> Non-Credit Course	Semester Requested (include year)				
<input type="checkbox"/> Credit Course (not part of Teledegree or Cooperative Program)					
Please answer the following questions: Has this course been offered through the UMSL ITV before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate each semester that it was offered with enrollment numbers below:					
Semester	Number of Students	Semester	Number of Students	Semester	Number of Students

Site Information

Site	Location Name/Room (and Code, if Applicable)	IP Address	Projected Number of Students	Approved by Receive Site?
Originating				
Receiving				
Receiving				
Receiving				
Receiving				
Receiving				

Schedule Selection

Preference	Day(s) of the Week	Start Time	End Time	Notes (Include Dates if Irregular)
1				
2				
3				

Signature

Chief Academic Officer	Date
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