

**Please use this form to provide scheduling information to the WHETS Support Office (Campus zip 2530)  
Fall 2001 COURSE REQUEST FORM**

**To COURSE ORIGINATOR: PLEASE COMPLETE TOP SECTION (type or print, to double lines only)  
and FAX before October 31, 2000 to Linda Provost (509) 335-3772 if you would like course to appear in Pullman catalog.**

**Origination site:** \_\_\_\_\_ **Schedule Line:** \_\_\_\_\_

Course prefix: \_\_\_\_\_ Number: \_\_\_\_\_ Credits Hours: \_\_\_\_\_

Course title: \_\_\_\_\_

Preferred format for requested days and times (e.g. 1 hour 3 times per week, 1½ hours 2 times a week or 3 hours once a week)

\_\_\_\_\_ (1st choice of days & time) \_\_\_\_\_ (2nd choice of days & times)

Requester: \_\_\_\_\_ Phone: \_\_\_\_\_

Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_

Buyout arrangement and Costs: \_\_\_\_\_

Will this course be video streamed? \_\_\_\_\_

Cross listed with any other course(s): yes / no If yes, course & prefix number \_\_\_\_\_

**Enrollment and Assignments of Students FTE's: For the origination site & for each destination site please provide BOTH: the number of students AND which campus should be assigned the students FTE. (Pullman-P, Tri-Cities-T, Spokane-S, Vancouver-V)**

Enrollment/Assigned FTE	Enrollment/Assigned FTE	Enrollment/Assigned FTE
Pullman: _____	Spokane: _____	Tri-Cities: _____
Vancouver: _____	Grays Harbor: _____	ICN: _____
ICN Yakima: _____	Longview: _____	Boeing _____
Wenatchee: _____	UI: _____	Port Hadlock _____
Colville: _____	Other sites: _____	

(Department Authorized Signature) (Print Name & Title) (Phone)

**\*\*Your signature (origination and destination signatures) indicate that the department is willing to assume responsibility for support of this course at your site. This support may include: student advising, copying course material, cost of faculty travel, and buyout of faculty time.**

**Note: Leaving enrollment sections blank may delay the scheduling of this course. Textbook orders, classroom assignments and general capacity issues are also generated from this information**

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**To WSU Course Destination Sites: PLEASE COMPLETE THIS SECTION And FAX to Linda Provost at (509) 335-3772 AS SOON AS POSSIBLE.**

**Destination Site:** \_\_\_\_\_ **Schedule Line Number:** \_\_\_\_\_

**Choose only (1) from the following:**

- 1 = Required course in support of existing program
- 2 = Probable enrollment at destination sites(s)/interest
- 3 = Willing to offer if no conflict exists with other course offerings
- 4 = Not interested at this time

\_\_\_\_\_ (1<sup>st</sup> choice of days & times) \_\_\_\_\_ (2<sup>nd</sup> choice of days & times)  
**Anticipated enrollment at destination site:** \_\_\_\_\_ **Assigned FTE:** \_\_\_\_\_

(Authorized Signature) (Print Name & Title) (Phone)