

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

**To Course Originator: PLEASE COMPLETE TOP SECTION (type or print, to double lines only)
and FAX before April 7, 2000 to Linda Provost (509) 335-3772**

Origination site: _____ **Schedule Line Number** _____

Course Prefix: _____ **Number:** _____ **Credits Hours:** _____

Course title: _____

Preferred format for requested days and times (e.g. 1 hour 3 times per week, 1-½ hours 2 times a week or 3 hours once a week)

_____ (1st choice of days & time)

_____ (2nd choice of days & times)

Requestor: _____ **Phone:** _____

Instructor: _____ **Phone:** _____

Comments: _____

Cross listed with any other course(s): _____ **If yes, course & prefix number:** _____

Enrollment and Assignments of Student 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: _____	Colville _____	Aberdeen: _____
Seattle Central: _____	ICNE: _____	ICNE Yakima: _____
Longview: _____	Wenatchee: _____	UI: _____
Boeing: _____	Centralia: _____	Other sites: _____
Goldendale: _____		

(Department Authorized Signature) **

(Print Name & Title)

(Phone)

**To WSU Course Destination Sites: PLEASE COMPLETE THIS SECTION
and FAX by April 28th, 2000 to Linda Provost at (509) 335-3772**

Destination Site: _____ **Schedule Line Number** _____

Choose only (1) from the following:

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

_____ (1st choice of days & times)

_____ (2nd choice of days & times)

Anticipated enrollment at destination site: _____ **Assigned FTE:** _____

(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 will delay the scheduling of this course. Textbook orders, classroom assignments and general capacity