NON-CREDIT COURSE SCHEDULE REQUEST FROM

TERM/PROGRAM INFORMATION

TERM YEAR _____

SEMESTER _____

SELECT A PROGRAM:

OTHER: _____

COSRSE INFORMATION

Program/Catalog #: _____   Section #: _____

Course Title: _____

Start Date: _____   End Date: _____

Meeting Time _____ to _____

Meeting Days: M ☐   TU ☐   W ☐   TH ☐   F ☐   SA ☐   SU ☐

Course Capacity: _____

UMB-Harbor Campus Room Required?

If no, please indicate location: _____

INSTRUCTOR INFORMATION

Name: _____

UMS #: _____

FINANCIAL INFORMATION

Course Fee: _____

REQUESTERS SIGNATURE

X _____   Date: _____

Please email completed forms to registrar.scheduling@umb.edu