LEHMAN COLLEGE
OFFICE OF THE REGISTRAR

REQUEST TO ADD COURSE

ADDITIONS ONLY

TERM/YEAR ____/____ | DISCIPLINE | COURSE # | DIVISION DAY/EVE/GRAD | SECTION | PRIMARY LIMIT | SECONDARY LIMIT | DEPARTMENT | PHONE #

PLEASE CHECK ALL THAT APPLY. BLACKBOARD ☐ HYBRID ☐ ASYNCHRONOUS ☐ WRITING INTENSIVE ☐

INDICATE BELL BLOCK _____ (See Bell Schedule) INDICATE DAYS & TIMES _____ DAY _____ TIME _____ BUILDING _____ ROOM #

Instructor's Last Name, First Name_____ SS No._____/_____/_____

Comments (Combined, co-req., cross-listed, meets with, etc.) _____

VARIABLE TITLE/VARIABLE CREDIT COURSE ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Course Title (20-CHARACTERS LIMIT- --including blanks) CREDITS HOURS

ADDITIONS ONLY

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Course Title (20-CHARACTERS LIMIT- --including blanks) CREDITS HOURS

DEPARTMENT/PROGRAM HEAD SIGNATURE _____ DATE _____ DEAN'S SIGNATURE _____ DATE _____

Revised 6/2008 CMR