Course Offering Request

Instructions: Fill the below and submit to the Office of the Registrar to request a course offering on EX Jenzabar. The course will be created within 1 week of the submission

*Date of Request: ……………………………………

*Name of Requester: …………………………………

*Program/Division	☐ FP ☐ PM ☐ MD (check one)
*Course Title	
*Course Pre-requisite:	
*Course Description	
*Faculty Name	
Additional Staff to Grade the Course:	
*Course Times & Dates:	Begin Time:…………….. End Time:…………… Begin Date: ……………. End Date:………….... Days of the Week: ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs
Course Duration in Weeks	
*Course capacity (Max # of students):	Min: Max:
*Number of Credits:	
*Credit Type	☐ Foundation ☐ Letter Grade ☐ Pass/Fail ☐ Pass/Honors/Fail
LMS Push Date:	

* Mandatory Field

For FP and PM, non-lab courses only, select applicable course elements:
☐PBL ☐ Recitation ☐ Review ☐ Lab ☐ Other: specify:……….

Program Associate Dean:…………………………………Date:……………………
(Signature)

You may email your completed form as an attachment to rka2001@qatar-med.cornell.edu