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