

# TRINIDAD STATE JUNIOR COLLEGE BANNER SCHEDULE ADDITION FORM

CRN \_\_\_\_\_ (Office use only)

SUBJECT: \_\_\_\_\_ COURSE NO. \_\_\_\_\_ SECTION \_\_\_\_\_

COURSE TITLE \_\_\_\_\_ TERM OFFERED – \_\_\_\_\_  
 CREDIT HRS \_\_\_\_\_ LEC HRS \_\_\_\_\_ LAB HRS \_\_\_\_\_ CLI HRS \_\_\_\_\_ OTH \_\_\_\_\_

Is this course to be counted for fte? \_\_\_\_ (Y=yes/N=no) Standard Grading \_\_\_\_ U/S Grading \_\_\_\_  
 (ABCDF) (Unsatisfactory/Satisfactory)

SCHEDULE TYPE: (LLB, LEC, LAB, CLI, IND, PRI, INT) \_\_\_\_\_  
 (LECTURE/LAB, LECTURE, LAB, CLINICAL, INDEPENDENT STUDY, PRIVATE LESSONS, INTERNSHIP, ETC.)

INSTRUCTIONAL METHOD \_\_\_\_\_ (CT:Career/Tech Course; H-Hybrid; IV-Interactive Video; SP-Self-paced;  
 TE-Technology Enhanced; TR-Traditional)

SITE \_\_\_\_\_  
 (Name)

- TJ – Trinidad Campus
- SV – Alamosa Campus
- PR – Prison and name
- HS - High School and name
- OC - Off campus/list location

MAXIMUM ENROLLMENT \_\_\_\_\_ (This is needed in order to provide a classroom to accommodate # of students)

(DATE CLASS BEGINS AND ENDS): \_\_\_\_\_

If class is not full-term – also list # of weeks \_\_\_\_\_

<u>SCHEDULED MEETING TIMES</u>	<u>START TIME</u>	<u>END TIME</u>	<u>BUILDING</u>	<u>ROOM</u>
(M T W R F S U)	AM	AM		
_____	PM	PM	_____	_____

INSTRUCTOR NAME \_\_\_\_\_ BANNER S# - \_\_\_\_\_

CENSUS DATE: \_\_\_\_\_ (office use only)

WITHDRAWAL DATE: \_\_\_\_\_ (office use only)

**SIGNATURES:**

DEAN/ASST.DEAN \_\_\_\_\_ DATE \_\_\_\_\_

INSTRUCTIONAL SERVICES OFFICE \_\_\_\_\_ DATE \_\_\_\_\_