Office of the Registrar
Course Add Request Form

KENNESAW STATE
U N I V E R S I T Y

Departments should use this form to request new course creations once schedule building has closed. Course adds will NOT be accepted past the add/drop deadline for the semester of the request. Please submit completed request to schedulebuilder@kennesaw.edu

*First Name: _____   *Last Name: _____

*Phone (extension): _____   *Department: _____

*Semester Requesting: ☐ Fall ☐ Spring ☐ Summer   *Year: _____

NEW COURSE ADD:

*Subject: _____   *Credit Hours: _____   *Enrollment: _____

*Course Number: _____   *Instructional Method: _____   *Projected Enrollment: _____

*Section #: _____   *Grade Mode: _____   *Building: _____

*Campus: _____   *Special Approval: _____   *Room: _____

*Instructor ID #: _____   *Part-of-Term: _____   Crosslist Course(s): _____

Meeting Type, Days & Time:

Meeting Type	M T W R F Sa Su	Start Time	End Time
	☐ ☐ ☐ ☐ ☐ ☐ ☐		
	☐ ☐ ☐ ☐ ☐ ☐ ☐		
	☐ ☐ ☐ ☐ ☐ ☐ ☐		
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Comments:

Requester Signature: _____   **Date:** _____

Office of the Registrar Use Only

Initials: _____   Date: _____

Comments: _____