

2012 Winterim Banner Form

Use this form when submitting a course for the Winterim schedule.

SUBJECT				
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COURSE NUMBER			
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CREDIT HOURS	
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SESSION		Day = D; Evening = E; Weekend = W
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CAMPUS		Potsdam = P; Watertown = W; Ottawa = 5 (5 ``cH Yfg`Vt`bHUNi9I HbXYX'9Xi WUjcb)
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SCHEDULE TYPE		Lecture = 1; Seminar = 2; Recitation = 3; Lab/Activity = 4; Distance Learning = 9
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STARTING DATE		ENDING DATE	
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SEATS REQUESTED		Enter the maximum enrollment (*If less than 20, please explain/justify below)
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Explanation/Justification _____

DAYS	SU	M	T	W	TH	F	S

BEGINNING TIME	ENDING TIME

LOCATION	BUILDING	ROOM NUMBER	Be sure to indicate a specific building and room that you wish to conduct your class. <input type="checkbox"/> Regular Classroom <input type="checkbox"/> Smart Classroom <input type="checkbox"/> Computer Lab

INSTRUCTOR NAME	POTSDAM I.D. #

CO-REQUISITE COURSES (I.E. LABS)		
SUBJECT	COURSE NO.	SECTION

List all courses that must be taken at the same time as this course including cluster courses.

GENERAL EDUCATION DESCRIPTORS

IMPORTANT!!! Courses that are applying for a gen. ed. descriptor must fill out the Shortened Academic Term form in addition to this banner form and be approved through the General Education Committee.

Enter all the descriptors for which this course has been approved.

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REGISTRATION RESTRICTIONS			
SCHOOL	MAJOR	CLASS	LEVEL

Enter any registration restrictions that may apply to this section. Examples: If a course or section is limited to students who have been admitted to the Crane School of Music then enter MU in the school column. If a course is limited to Secondary Education majors, then enter the Major Code 2030. For questions regarding Registration Restrictions contact the Registrar's Office.

COURSE TITLE AND CATALOG DESCRIPTION	
COURSE TITLE	
LIBERAL ARTS CREDIT <input type="checkbox"/> NON-LIBERAL ARTS CREDIT <input type="checkbox"/> (PLEASE CHECK ONE)	
COURSE DESCRIPTION (PLEASE GIVE THE DESCRIPTION AS IT IS IN THE UNDERGRADUATE OR GRADUATE CATALOG)	

COMMENTS (I.E. PERMISSION OF THE INSTRUCTOR, PREREQUISITES)

APPROVAL SIGNATURES			
DEPARTMENT CHAIR	DATE	DEAN	DATE

OFFICE USE ONLY	
DATE RECEIVED	DATE APPROVED