Berkeley College®

COURSE CATALOG ENTRY REQUEST FORM

PLEASE PRINT ALL INFORMATION   ** MANDATORY FIELD*

*Program_____

Title:_____(Length max. 30 characters)*_____

*Course Description:

*Number of Credits:_____*Course Contact Hours:_____

*Instructor Contact Hours:_____

*Equivalencies:_____*Prerequisites/Corequisites:

*Term Length: ❏ 12 week   ❏ 7 week   ❏ 15 week

Special Instructions:

Course Component(s) & Hours [Clinical/Lab/Lecture/Practicum/Seminar]

*Catalog year:_____First Term Course Offered:_____

*Academic Group (School): _____   *Academic Org (Department): _____

*Signature:_____

Title: _____Date:_____

TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR

Approved:_____Denied:_____Assigned Catalog Number:_____

Office of the Registrar Signature:_____

Date Received:_____Date Processed:_____