a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Creative and Critical Studies
CCS, 323, 1148 Research Road
Kelowna, BC Canada V1V 1V7

FCCS Graduate Course Scheduling Form

Student Name: _____Student Number: _____

Additional Students:_____

Instructor: _____

Course Name: _____Cross-listed course #:_____

Area: **ENGL** ☐ **VISA** ☐ **CRWR** ☐ **THTR** ☐

Session:_____ Term: _____Credits:_____

Start Date:_____ End Date:_____ Meeting Days & Times:_____

Room Required: Yes ☐ No ☐ Final Exam: Yes ☐ No ☐ Projected Enrollment:_____

Activity Type: _____ Theme:_____
(Lecture, Seminar, Directed Studies, Studio) (if applicable)

Approval:

_____	_____	_____
Instructor	Signature	Date
_____	_____	_____
Department Head	Signature	Date
_____	_____	_____
Program Coordinator	Signature	Date
OR		
_____	_____	_____
FCCCS Associate Dean of Graduate Studies	Signature	Date

Please submit signed form to:
Lacia Vogel: lacia.vogel@ubc.ca
CCS 323, FCCS Dean's Office