



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: Course Code: Section #:

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

FCCS Associate Dean of Graduate Studies Signature Date

Please submit signed form to: Lacia Vogel, lacia.vogel@ubc.ca