Instructor (print Last, First) ________________________________
E-mail Address _________________________________________
Telephone Number _______________________________________
Course & Course ID # (e.g., SOC 20000) _______________________
Course Title ____________________________________________
Student Enrollment ________________________ Semester/Year ______

Is this course cross-listed with another Course and/or Instructor? (Please list below) __________________________________________

Has this course previously been on reserve? __ Yes __ No

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T.A. / G.A. Signature (if applicable): __________________________

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