Catalog Course New/Drop/Change Request

Enrollment Services
Phone 626.396.2313
Fax 626.396.2209
enrollmentservices@artcenter.edu

Use this form to request a new course for the catalog or change an existing course

◯ New ◯ Drop ◯ Change

Course Information
(Please Print)

Subject _____ Course # _____ Short Course Title _____
(Maximum 30 characters)

Long Course Title _____

# of Credits _____ Location: ◯ Hillside ◯ South Campus

Course Level: Undergraduate ◯ 100 ◯ 200 ◯ 300 ◯ 400 ◯ 000 (Workshop)
Graduate ◯ 500 ◯ 600

Effective Date: _____

Course Type: ◯ ACRP ◯ APSE ◯ ARTE ◯ CUL ◯ CW ◯ DM ◯ ENVT
◯ FILM ◯ GRPH ◯ HMN ◯ HUME ◯ LIT ◯ MAT ◯ MOTN
◯ PBSE ◯ PRP ◯ SAP ◯ SOSE

Course Description:

Offering Information

Instructional Method _____

Number of Weeks _____

Course Requisite Information

Prerequisite _____

Co-requisite _____ ◯ Required

Course Restrictions

Maximum Capacity _____

Minimum Enrollment _____

Restrictions _____

Repeatable (How many times) ◯ One Time ◯ Two Times

Petition Required ◯ Yes ◯ No Waitlist ◯ Yes ◯ No

Additional Information

Equate to _____ (Subject) _____ (Course #)

Replaces _____ (Subject) _____ (Course #)

ArtCenter College of Design
1700 Lida Street, Pasadena, California 91103

For Office Use Only

Date Request Received _____ Date Processed _____ Date Deptpartment Notified _____

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