



FACULTY OF ARTS AND SCIENCES

Opening Capacity Form

Please attach your transcript and current registration schedule

Student's Full Name:

Student's ID number:

Faculty:

Student's email:@.....

Major:

Student's phone number:

Class: FR SO JR SR Prosp. Graduate Graduate Special

Date:

Course name and number:

For Fall Spring Summer of the academic year

Academic Adviser:

Adviser Recommendation:

Date:

Signature of Adviser:

Chairperson's Decision (department in which the requested course is offered):

Approved CRN Number:

Declined

Comments:

.....

.....
Date

.....
Authorized Signature

.....
Time