

NON-DIS COURSE CREATION FORM
DEPARTMENT OF CHEMISTRY AND BIOCHEMISTRY
College of Science

NOTE: Courses must be approved by course instructor

Year: _____

- Semester: ☐ Spring Full Term ☐ Fall Full Term
 ☐ Spring S Term (1st 7 wks) ☐ Fall S Term (1st 7 wks)
 ☐ Spring T Term (2nd 7 wks) ☐ Fall T Term (2nd 7 wks)
 ☐ Summer I, 5 Wks ☐ Summer II
 ☐ Summer I, 10 Wks

Student Name: _____ ID#: **A** _____

TAMUCC Email: _____ Phone: _____

Course 1 Prefix & No: _____ Credit Hrs: _____

Course/Study Title: _____

Instructor Name (Print) Instructor Signature Date

(Processor Use Only) (Processor Use Only)
Course Prefix-No.-Sec (CHEM-9999.001) CRN

Course 2 Prefix & No: _____ Credit Hrs: _____

Course/Study Title: _____

Instructor Name (Print) Instructor Signature Date

(Processor Use Only) (Processor Use Only)
Course Prefix-No.-Sec (CHEM-9999.001) CRN

Student Name (Print) Student Signature Date

Processor Name (Print) Processor Signature Date