

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 Prefix & No: _____ Credit Hrs: _____

Course/Study Title: _____

Student Name (Print)	Student Signature	Date
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Instructor Name (Print)	Instructor Signature	Date
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Processor Name (Print)	Processor Signature	Date
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(Processor Use Only) Course Prefix-No.Sec (CHEM-9999.001)	(Processor Use Only) CRN	
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