



MANUAL OF PROCEDURES

TITLE Master Schedule Production	NUMBER 4620
BASED ON POLICY NUMBER AND TITLE Policy II-7: Planning for the Master Schedule	DATE March 4, 1975

I. PURPOSE:

To provide an efficient procedure for preparation of the Course Master Schedule.

II. PROCEDURE:

- A. The Office of Student Records is responsible for the coordination and production of the Master Schedule of courses for each term.
 - 1. The Office of Academic Affairs submits information for all approved courses for each term to the Office of Student Records. All approved courses are submitted on the Course Scheduling Form (SSC2003/77, attached). Descriptions for courses which do not appear in the college Bulletin are submitted to Student Records on the Course Description Form (SSC2002/77, attached) for inclusion in the Master Schedule.
 - 2. Forms are reviewed and room assignments made for each course or section by the Office of Student Records. Conflicts in room/time assignment are resolved in consultation with the Office of Academic Affairs.
 - 3. The Office of Student Records coordinates the submission of copy for the Master Schedule of courses from appropriate offices.
- B. The Office of Student Records is responsible for the format and layout of the Master Schedule. All offices which submit information for inclusion in the Master Schedule of courses are given an opportunity to proof their material before it is finalized for the printer.
- C. Schedule for the production of the Master Schedule is determined by the Office of Student Records. Materials submitted after the established

VP FOR STUDENT AFFAIRS	DATE



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deadlines cannot appear in the Master Schedule. Such materials will appear, if possible, in a supplement prepared for the beginning of each term.

- D. All additions, changes, and deletions to courses must be submitted to the Office of Student Records through the Office of Academic Affairs.

Attached:

- Course Scheduling Form (SSC2003/77)
- Course Description Form (SSC2002/77)



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OFFICE OF ACADEMIC AFFAIRS
COURSE SCHEDULING FORM

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1"> <tr><td>Fall</td><td><input type="checkbox"/></td></tr> <tr><td>Spring</td><td><input type="checkbox"/></td></tr> <tr><td>Mini A</td><td><input type="checkbox"/></td></tr> <tr><td>Mini B</td><td><input type="checkbox"/></td></tr> <tr><td>Summer</td><td><input type="checkbox"/></td></tr> <tr><td>Term</td><td></td></tr> </table>	Fall	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Mini A	<input type="checkbox"/>	Mini B	<input type="checkbox"/>	Summer	<input type="checkbox"/>	Term		<input type="text"/>
Fall	<input type="checkbox"/>															
Spring	<input type="checkbox"/>															
Mini A	<input type="checkbox"/>															
Mini B	<input type="checkbox"/>															
Summer	<input type="checkbox"/>															
Term																
Acronym Number Section				Year												

Course Title (Computer will truncate after 30 spaces)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Stockton Credits	Capacity	For Computer Center Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Last Name) Instructor(s)	(Init.)	(Faculty) Division	(Social Security Number)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type (Lecture, Lab, ECH Studio, Field)	Desired	Days	Time	Wing	For Computer Center Use		

Course Description: Bulletin Attached

Scheduling Criteria (Include media requests): _____

- Permission of Instructor if required
- Special Project Request Form is required

Prerequisites (Computer will truncate after 60 spaces)

Cross listed Acronym Number _____ Dean's Approval _____



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OFFICE OF ACADEMIC AFFAIRS
COURSE DESCRIPTION FORM

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Acronym Number

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Credits

Faculty Member(s)

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Complete Course Title

Prerequisite:	<input type="checkbox"/> Open only to Freshmen and Sophmores <input type="checkbox"/> Open only to Juniors and Seniors <input type="checkbox"/> Previous Courses Required: (List vertically by acronym & number)
	<input type="checkbox"/> Permission of Instructor Card Required <input type="checkbox"/> Special Project Request Form Required
Corequisite:	<input type="checkbox"/> Concurrent registration in (list by acronym & number) required:
Description: (Double space; limit to 45 words if possible)	
<input type="checkbox"/> Offered only in Fall/Spring 1977/1978/1979 (indicate which) <input type="checkbox"/> Offered each term/Spring Term/Fall Term (indicate which) <input type="checkbox"/> Offered in alternate Spring/Fall Terms (indicate which); not offered in 1977-78.	

Faculty Dean: _____
Approval Date: _____

REV. 1/77
SSC 2002/77