Tulane University Office of the Registrar 110 Gibson Hall; FAX 504-862-8022 SCHEDULE ADDITION FORM

Term	J.			Date
Department		Course ID	X-Cours	se ID
Title				Section #
Campus	Course Typ	pe	Grade Type	
Part of Term	Credits	Cross-registered with	n Sch. Cont. Studies?	
Course Enrollment	X-Course Enrollme	ent Allo	w Wait List?	
Primary Mtg Pattern	S	Start (military time)	End (r	nilitary time)
Secondary Mtg Pattern	S	Start (military time)	End (r	nilitary time)
Instructor Name (last, first))		Bannr ID	
Enrollment Restrictions				
Fee Code Fee	e Amount			
Capstone?	Honors?	Writing Practicum?	Pract. Er	nrollment
Co-requisite(s)				
Pre-requisite(s)			Pre-req allowed in	same term?
Comments/ Notes				
Room Preference				
Dept. Contact			Dept. Phone	