

**COMMUNITY COLLEGE OF PHILADELPHIA
ACADEMIC AFFAIRS
COURSE INFORMATION SHEET FOR NON-CREDIT COURSES**

CURRENT DATE:

COMPANY/AGENCY/ DIVISION NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON:		
TITLE:	PHONE:	
<i>Indicate billing information if different from the above:</i>		

<i>Please indicate: Continuing Course []</i>		<i>New Course []</i>
COURSE TITLE:		
MEETING TIME(S):	MEETING DAYS(S):	
SCHEDULED CLASS LOCATION:	TERM/YEAR:	
START DATE:	END DATE:	CLASS (MAX)
COST PER STUDENT:		
INSTRUCTOR :	J#:	RATE:
INSTRUCTOR :	J#:	RATE:

CONTINUING COURSE *If this is a course that has been offered before please indicate the title, course number, sequence number and section number or CRN below.*

TITLE:	DATE(S) OFFERED:	
SUBJ/COURSE#:	SECTION#:	CRN#:
SEMESTER/YEAR:	CLOCK HOURS:	PROGRAM ATTR #:

Required fields: Clock hrs, Program Attributes, Banner Org

SUBJ/CRSE :			
CLOCK HRS.	CAMPUS:	PROGRAM ATTR#:	
BANNER ORG#:	DETAIL CODE:	BOOK BILLING:	
GRANT []	COMPANY BILLING []	INDIVIDUAL PAYMENT(S)	NO PAYMENT []

TOTAL CLIENT CHARGE:
PROGRAM ADMIN.
PROCESSED BY: _____ DATE: _____

NEW COURSE OFFERING

Title:

Subject/Course:

Term:

Clock Hrs:

Lab:

FTE:

Non-FTE:

Catalog Description:

Pre-requisites:

Marketing Description :

Statement of Purpose:

Course Objective(s):

Course Outline:

Materials Required:

Date Approved _____ Division Signature Approval _____