Office of the Registrar
Course Add Request Form

KENNESAW STATE UNIVERSITY

Departments should use this form to request new course creations once schedule building has closed. Course adds will NOT be accepted past the add/drop deadline for the semester of the request.

First Name:_____ Last Name:_____

Phone (extension):_____ Department:_____

Semester Requesting: ☐ fall ☐ spring ☐ summer Year:_____

NEW COURSE ADD:

Subject:_____ Credit Hours:_____ Enrollment:_____

Course Number:_____ Instructional Method: F - Fully at a Distance 100% Projected Enrollment:_____

Section #:_____ Grade Mode: Select One Building:_____

Campus: Select One Special Approval: Select One Room:_____

Instructor ID #:_____ Part-of-Term: Select One Crosslist Course(s):_____

Meeting Type, Days & Time:

Meeting Type	M	T	W	R	F	Sa	Su	Start Time	End Time
Select One	☐	☐	☐	☐	☐	☐	☐		
Select One	☐	☐	☐	☐	☐	☐	☐		
Select One	☐	☐	☐	☐	☐	☐	☐		
Select One	☐	☐	☐	☐	☐	☐	☐		
Select One	☐	☐	☐	☐	☐	☐	☐		

Comments:

Requester Signature:_____ **Date:**_____

Office of the Registrar Use Only

Initials:_____ Date:_____

Comments:_____

PLEASE ALLOW 1-3 BUSINESS DAYS FOR PROCESSING

Updated: 11/5/2025