

TECH PREP

COURSE INFORMATION FORM

Date: _____

Sem/Yr Offered: _____

Subject: _____ Course Number: _____ Section: _____ Credits: _____

Course Title: _____ Class Cap: _____
(Limited to 26 spaces)

High School: _____ Location: _____

Beginning Date: _____ Ending Date: _____

Is this new course associated with any section restrictions or rules? _____

What is the restriction/rule? _____

INSTRUCTOR INFORMATION

(the following information is required for Datatel Colleague)

Name: _____
(PRINT FULL LEGAL NAME)

SSN/ID: _____

Birthdate _____

(Fill out the Information below if this is a new faculty)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

E-mail Address: _____