Loma Linda University University Records

DEPARTMENTAL COURSE REQUEST

Department Information

Indicates Required Field* **Print in Schedule of Courses: ❑ Yes ❑ No **Contact Person:*** _____ **Ext.*** _____

LLU School:* _____ **Department:*** _____

❑ **Standard University Quarter Dates:** Term_____ Year_____ **OR** ❑ **Other Dates:** Begins _____ / _____ / _____ Ends _____ / _____ / _____

Note: It is assumed that all courses will meet for the entire quarter as indicated above unless otherwise specified.

Max Enroll	Campus	Prefix	Number	Section	Course Title (or Lab)	Units	Days	Military Time		Location		Instructor
								Beginning	End	Bldg	Room	

If you have any questions please email **CourseSchedule@llu.edu** or call **(909) 558-4508 or ext. 44508**

Loma Linda University