



**University of Detroit Mercy
COURSE REQUEST FORM**
*Please return completed form to
FAC Room 80, McNichols Campus*

Year _____
 _____ Fall/Term I
 _____ Winter/Term II

_____ Summer/Term III
 _____ Summer/Summer I
 _____ Summer/Summer II

Page ____ of ____ Date _____
 School/College _____
 Department _____
 Contact Person _____
 Telephone _____

DEPT. & COURSE NO.	SEC.	TITLE	CR. HRS.	TIMES PER DAY	ROOM	CAMPUS	INSTRUCTOR SSN	MAX. ENRL.	SPECIAL BEG. & END DATE	SPECIAL TUITION	SPECIAL EQUIPMENT/NOTES	** WEB RESTRICT

CAMPUS CODES: MN – McNichols; OD – Outer Drive; WC – Weekend College; OC – Off Campus

**** Web Restrict** – Should students be prevented from registering for this class via WebLink (Yes) (No)