

Cross List Information Form

Submitter's Name & Signature
(Required by Internal Audit)

Department

Telephone

YEAR: |_|_|_|_|_|_|

TERM: 01 - SPRING
 08 - FALL

05 - SUMMER

Meeting Time Pattern:

M	T	W	R	F	S	Starting Time	Ending Time	Building	Room
_	_	_	_	_	_	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _

Rules: This Form is to be used to submit information on course sections that are to be crosslisted. Crosslisted sections are defined as two or more course sections that are taught in the same location at the same time. Submit the Original Cross List Information Form (CLIF) to Admissions and Records.

Submit only one original CLIF per cross listing Group.

CRN:	Subject Code:	Course Number:	Section Number:	Max Enrollment per Section:
_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _	_ _ _ _ _
_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _	_ _ _ _ _
_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _	_ _ _ _ _
_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _	_ _ _ _ _
_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _	_ _ _ _ _
Total Max Enrollment:				_ _ _ _ _

ARC ONLY:

Cross List Group Identifier: |_|_|_|_|

Date Processed: _____