



Concurrent Enrollment Program Master Schedule

Course Input Form

I M P O R T A N T

This form **must** be completed with TC3 Course Number, how many days each week your class meets, times of your class period, and dates (how many weeks, one semester, or full academic year) for **EACH SECTION/PERIOD** that you instruct. **This information is required and must be completed prior to student registration.**

★ **NOTE:** Please provide a class list with each registration packet to ensure that students are registered into the correct section.

Course #	Days of the Week	Time of Day	Start Date	End Date	Teacher
<i>example: ACCT 101</i>	<i>MWF</i>	<i>10:00 - 11:00 a.m.</i>	<i>9/8/04</i>	<i>1/25/05</i>	<i>R. Brown</i>
<i>example: ACCT 101</i>	<i>MWF</i>	<i>1:00 - 11:00 p.m.</i>	<i>9/8/04</i>	<i>1/25/05</i>	<i>R. Brown</i>

Form Completed By

E-mail Address

Phone #

High School Course Name