



MASTER SCHEDULE REQUEST FORM

Semester: _____

Course Name : _____ *CIP Code: _____

★ Institutional Research needs this CIP code to report to the State

Course Number: _____ Section: _____

Max Capacity: _____ Room: _____

Instructor: _____

Monday Tuesday Wednesday Thursday Friday

Time: _____ *MORNING/EVENING*

***CIP codes are needed for all courses and can be found at this website:**

 <http://nces.ed.gov/ipeds/cipcode>

Date of Request: _____