☐ Regularly Funded
☐ Externally Funded

☐ Original Request
☐ Revised Request

Non-Billable Course Request

Unit: _____

Contact Name: _____

Contact Phone: _____

Semester: _____

Submitted Date: _____

Registration #	Course	Section	Title

Please remember to code your courses correctly; i.e. contract, overseas, IFR, etc.

Processed by
_____ on _____

☐ Approved
☐ Contract attached