



Sultan Qaboos University
ADMISSIONS & REGISTRATION

COURSE DATA COLLECTION FORM

Subject Area:	
Number Requested:	Old Number (If applicable):
Course Title (80 ch maximum):	
Effective form year/semester: /	Effective to year/semester: /
Short Title (20 ch maximum):	
Course Owner Dept. Code:	
Course Type (check one):	
<input type="checkbox"/> Lecture	<input type="checkbox"/> Tutorial
<input type="checkbox"/> Lab or Practical	<input type="checkbox"/> English Language Skill
<input type="checkbox"/> Field Work	<input type="checkbox"/> Lecture/Lab
<input type="checkbox"/> Field Placement	<input type="checkbox"/> Lecture/Seminar
<input type="checkbox"/> Studio	<input type="checkbox"/> Lecture/Studio
<input type="checkbox"/> Seminar	<input type="checkbox"/> Lecture/Tutorial
<input type="checkbox"/> Internship	<input type="checkbox"/> Lecture/Lab/Seminar
<input type="checkbox"/> Workshop	<input type="checkbox"/> Project
Normal contact hours per week:	
.....	Lecture, seminar (1:1)
.....	Lab, tutorial, field placement, English language skill (2:1)
.....	Workshop, internship, field work (3:1); other
Credits	Comments
Language of Instruction:	
<input type="checkbox"/> English	<input type="checkbox"/> Arabic
<input type="checkbox"/> English	<input type="checkbox"/> Other
Pre-requisite Course(s)	(Course # only)
.....
Co-requisite Course(s)	(Course # only)
.....
Equivalent Course(s)	(Course # only)
.....
Normal class maximum:	Normal class minimum:
Grading code (check 1):	
<input type="checkbox"/> English	<input type="checkbox"/> Pass/Not Passed
<input type="checkbox"/> English	<input type="checkbox"/> Not graded

