

Course Request

Check One: ☐ Activation (new course) ☐ Deactivation ☐ Modification Date _____

Course Title _____

Department/Curriculum _____

Department-Course Number _____ Length of course (number of weeks) _____

Assigned by Enrollment Services for new courses

Grading System: ☐ Merit ☐ Pass/No Pass/Honors ☐ Satisfactory/Unsatisfactory

Semester(s) Taught: ☐ Fall ☐ Spring ☐ Summer

Student Level: ☐ Jr ☐ Sr ☐ Sr/MS ☐ Master ☐ MS/Doc ☐ Doctoral/Professional

Distance Learning Component? ☐ Yes ☐ No Distance Delivery Method: ☐ Web (Internet) _____%

☐ Elective ☐ Required ☐ Satellite _____%

Credit Hours (*based on 15 weeks*): ☐ Compressed 2-way _____%

Lecture, 1 hr.:1 cr. _____ ☐ Other _____%

Student Laboratory, 2:1 _____

Conference, 1.5:1 _____

Seminar, 1:1 _____

Clinic, 2:1 _____

Independent Study, 1:1 _____

Practicum, 2:1 _____

Clerkship, 2.5:1 _____

University Wide Enrollment: ☐ Yes ☐ No

Total Credit Hours _____

or, Variable Credit Hours _____

Total Contact Hours _____

(*include final exam*)

Prerequisite(s) _____

Course Director(s): Primary _____

All Others _____

Course Description _____

Attach course syllabus

Approval:

Department Chairman Curriculum Chairman Dean

Date Date Date