COLLEGE N/ICS COURSE REQUEST FORM
FOR UNIVERSITY USE ONLY

TERM: _____ COLLEGE: _____
DEPARTMENT: _____

SESSION # (summer only): _____

PROGRAM: _____

Course Prefix: __ __ __ __ Course Number: __ __ __ __

Course Title: _____

Credit: Undergraduate/Graduate/Dual Number of credits: _____

Day(s): M T W R F S ARR Class Max Size: _____

Start Time: _____:_____ AM/PM End Time: _____:_____ AM/PM

Delivery method:
____ Regular (on-site instructor)
____ Mediated Delivery (distance ed, compressed video)
____ Other (please specify) _____
____ Web based ____ Desktop video

Originating City: _____ Originating Site: _____

(Please list all off-campus sections of the course below.)

Class Location (city): _____ Delivery Site: _____
Class Location (city): _____ Delivery Site: _____
Class Location (city): _____ Delivery Site: _____
Class Location (city): _____ Delivery Site: _____
Class Location (city): _____ Delivery Site: _____

_____ ____ ____
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_____ ____ ____
CTED USE ONLY

Instructor: _____
Last First M

Instructor ID: _____-_____-_____ Telephone Number: _____

APPROVAL SIGNATURES REQUIRED:

_____ _____
DEPT HEAD Date

_____ _____
COLLEGE DEAN Date

Return to Julie Goldman at CTED 303, Fax # 575-7357. Thank you!

For CTED use only:

Safari #: _____ Section : _____ Campus Code: _____
Subterm: _____ Weekcode: _____ Dates: _____
Midis Update: _____ Safari Update: _____