

REQUEST FOR TEMPORARY COURSE APPROVAL

Course Title _____

Department(s)/Academic Unit(s) of Origin _____

Credit/Semester Hours _____ Prerequisite(s) _____

TYPE OF COURSE (CHECK ALL THAT APPLY):

1 Undergraduate: _____

Graduate: _____

Less than 100 ___ 100 ___ 200 ___ 300 ___ 400 ___ 500 ___ 500 ___ 600 ___ 700 ___ 800 ___ 900 ___

2 Academic Foundations: _____ **General Education (if applicable):** _____ **General Education Tier:** _____

General Education Mode(s) of Inquiry _____

Major: Required _____ Elective _____ **Minor:** Required _____ Elective _____

Interdisciplinary Program: Required _____ Elective _____

FACULTY WORKLOAD: _____ **COMPONENT WORKLOAD HOURS:** Lecture _____ Lab _____ Studio _____

Course Caps _____

FACULTY MEMBER(S) INITIATING THE COURSE/CHANGE: _____

REASON FOR TEMPORARY APPROVAL REQUEST:

Semester that course will be taught under temporary approval:

NOTE: Courses may be taught one semester only under temporary approval. Immediately following receipt of temporary approval, any course planned as a **permanent** part of the curriculum must be submitted to the Senate Curriculum and Instruction Committee OR to the Senate Graduate Studies Committee for permanent approval.

APPROVAL RECOMMENDED:

Chair, Department Curriculum Committee _____ Date _____

Chair, Department/Academic Unit _____ Date _____

Dean, College of Course Origin _____ Date _____

Vice President for Academic Affairs _____ Date _____

FOR NOTIFICATION PURPOSES:

Chair, Senate Curriculum and Instruction Committee OR Chair, Senate Graduate Studies
Committee _____ Date _____

Library _____ Date _____

Senate _____ Date _____

For Graduate Courses Only:

Dean Grad. Studies _____ Date _____

For All Courses:

Registrar _____ Date _____

Course Number _____