

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):
Graduate: 600 level _____ 500 level _____ **Undergraduate level:** 100___200___300___400___
Academic Foundations: _____ **General Studies Area** (if applicable): _____
Major: _____ required _____ elective **Minor:** _____ required _____ elective
Interdisciplinary Program: _____ required _____ elective
Component(s): _____ **Faculty Workload Hour(s):** _____
Faculty Member(s) Initiating Course _____

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 _____
For Graduate Courses Only:
Dean Grad. Studies _____ Date _____
For All Courses:
Registrar _____ Date _____

Course Number _____
(Assigned by Registrar)