

**COURSE REQUEST
OUTREACH PROGRAM**

SITE LOCATION _____

Semester/Year _____

Course Title _____ **Credit Hours** _____

Dept. _____ **Course No.** _____ **Tuition & Fees** _____

Proposed Textbook: _____

Title

Author

Edition

Copyright

ISBN (if known)

Are there any prerequisites or testing requirements? (Please list) _____

Start Date _____, 20 ____ **End Date** _____, 20 ____

Start Time _____ am pm **End Time** _____ am pm

No. of Weeks _____ **Total Minutes Met** _____

Days Met: M T W Th F Sat Sun

Is this course offered for S/U only? _____

INSTRUCTOR INFORMATION

Name _____ **Social Security #** _____

Address _____ **Home Phone** _____

_____ **Work Phone** _____

If your address has changed in the past year, please check the box.

Email Address: _____

Has instructor previously been approved to teach this course? _____

If not, have all the part-time instructor application forms (including W-4 and I-9 forms) and official transcripts been submitted? _____

FOR OFFICE USE ONLY

Approved By

Date