

**EASTERN WYOMING COLLEGE
SITE LOCATION
TOPICS: COURSE REQUEST FORM**

Semester/Year _____

Circle One: **1490** **1990** **2490** **2990**

Course Title _____

Dept. _____ Tuition & Fees _____ Credit Hours _____

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 _____

PLEASE MAKE SURE CLASS OUTLINE IS ATTACHED.