

**COURSE REQUEST
OUTREACH PROGRAM**

Wheatland

Semester/Year _____

Course Title _____ Credit Hours _____

Dept. _____ Course No. _____ Tuition & Fees _____

Rm. # _____ Rm. Capacity _____ Section Cap. _____

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? _____

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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