

**COURSE REQUEST  
WORKFORCE CREDIT REQUEST**

Car code _____
Workforce code _____
Outreach code _____
Industry code _____
Agency code _____
AR code _____

SITE \_\_\_\_\_

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 \_\_\_\_\_ End Date \_\_\_\_\_ Days \_\_\_\_\_

Class Start Time \_\_\_\_\_ Class End Time \_\_\_\_\_

No. of weeks \_\_\_\_\_ Total hours met \_\_\_\_\_ Bldg \_\_\_\_\_ Room \_\_\_\_\_

Has instructor been approved to teach this course? \_\_\_\_\_

If not, has a part-time application (including W-4 and I-9 forms) been filled out and official transcripts submitted? \_\_\_\_\_

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.  
E-mail: \_\_\_\_\_

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Submitted By \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAKE SURE CLASS OUTLINE IS SUBMITTED**