

Term

Received By:

Date:

Request for Special Topics

Date	Requested
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ourse Title:	*Only use for existing classes
(Topic title not to exceed 32 characters –	including spaces)
orollment Cap Mo Tu We Th Fr Sa Su Meeting Day(s) Start Time ** End Time **Please refer to Official Class Times	Lecture or Lab Space Consent Type
Requested Instructor ID Role Access Requested Instructor	ructor Instructor ID Role Access
edit Type: UGRD / GRAD / Combined	Number Section Cap Combined Cap
eed / Justification for Adding this Course: Subject Code Catalog	Number Section Cap
rget Students / Potential Enrollment:	_
Instructor Signature	Date
Department Head Signature	Date
Dean's Office Approval	Date

Heather Parks 05-17-17 Revised 08-05-19

Date:

Dean's Office Use Only

Processed By: