University Honors College  COURSE OFFERING FORM  Term: ____________

INSTRUCTOR INFORMATION:
Name: ______________________________  Position: ___________________  Department: ________________________
Email: ____________________________  Campus Address: ________________  Phone: ___________  FAX: ___________

COURSE INFORMATION:
Subject: __________  Catalog/Course #: _______  Title: ____________________________________________________  Credits: _______

APPROVALS:
Dept. Administrator/Academic Unit Representative Signature:     Date:       FAX #:             Dept/Div Chairman Signature:       Date:  

TO BE COMPLETED BY DEPARTMENTAL ADMINISTRATOR OR ACADEMIC UNIT REPRESENTATIVE:
(If some information is not yet available, please leave blank.)
Enrollment Capacity: _______  Special Topics Title (if any): ________________________________________________
Meeting Pattern:  

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<th>Start Time</th>
<th>End Time</th>
<th>Days</th>
<th>Building/Room</th>
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Cross Listings:  (if any)

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<th>Subject</th>
<th>Catalog Number</th>
<th>CRN</th>
<th># of Seats</th>
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UHC USE  Received:  Approved:  Dept./Instructor Notified:  Initials:

Please return this form and all Supplemental Course Information to:  David Hornyak, University Honors College, 3600 CL