

**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: _____
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**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:

Start Time	End Time	Days	Building/Room

Cross Listings:  
(if any)

Subject	Catalog Number	CRN	# of Seats

<b>UHC USE</b>	Received: _____	Approved: _____	Dept./Instructor Notified: _____	Initials: _____
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Please return this form and all Supplemental Course Information to: David Hornyak, University Honors College, 3600 CL