REQUEST TO THE REGISTRAR FOR NEW COURSE NUMBER (To be completed and submitted by the Department Head)

Date of Request: _		
Course Title:		
Course Abbreviat	ion:(must be 20 chara	acters or less including spaces)
Activity Type (see l	Definition of Terms):	
Number of credit h	ours: (If Lec/Lab indica	ate credit hours for each) LEC, LAB
This information sho	ould appear in the one of f dergraduate catalog aduate catalog or	Graduate or C: Undergraduate and Gradua following catalogs or both :
		er course, indicate the cross-listed course(s) name and
Semester course wi	ll first be offered:	
Brief Course Descr	iption: (<u>40 words or less</u>	<u>s</u>)
Department Head's signature: Dean's signature:		Date:
		Date:
	tee and/or Graduate Cour	ust accompany the materials sent to the Undergradua ncil as part of the information submitted for the approval of
	OFFICE OF TH	IE REGISTRAR USE ONLY
Request Approved:	Yes: No (state reason)	
NEW COURSE NUMBER ASSIGNED:		DATE:
Carolyn Joyce, Assista	ant Registrar	