NOTIFICATION OF INTENT TO OFFER EXPERIMENTAL COURSE

Department: Academic Year Effective:

Subject Prefix: Course Number: Semester Credit Hours:

Title: HRS/WK: _____ LEC
_____ LAB
_____

OTHER_____

Short Course Title

/_/

Complete Catalog Description, Including Prerequisites (Current):

___First Time Offered ___Second Time Offered Expected Enrollment____

Justification for Offering as Experimental Course:

APPROVED:

Chair of Department/Division
Curriculum Committee _____ Date _____

Chair of Department/Division _____ Date _____

Dean of College/School _____ Date _____

Dean of the Graduate School _____ Date _____
(for Graduate Council)
OR
Vice President for Academic Affairs _____ Date _____
(for University Curriculum Committee)

VPAA
1/22/96