

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:

Start Time	End Time	Days	Building/Room

Cross Listings:
(if any)

Subject	Catalog Number	CRN	# of Seats

UHC USE	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