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| Instructions:   1. Please complete ALL fields for an initial submission 2. Complete only the fields that are to be changed for a Change Request and indicate what those fields are in the explanation. 3. Instructor information MUST include a T# or the form will be returned 4. Forms will be processed in the order received 5. Submit completed forms as an attachment to [academicscheduling@suu.edu](mailto:academicscheduling@suu.edu), or SCPS forms to [byrnesc@suu.edu](mailto:byrnesc@suu.edu). |

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| COURSE SUBMISSION | | | Year: 20 | | | Fall  Spring  Summer  Maymester | | | | | | | | | | | | | | |
|  | | | Initial Submission | | |  | | | | | | | | | |  | | | | |
|  | | | Change Request | | | Explain: | | |  | | | | | | | | | | | |
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| **COURSE INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| **1. SUBJECT** | **2. COURSE #** | | | | **3. SECTION** | | | | | | **4. TITLE** | | | | | | | | | **5. CR. HR.** |
|  |  | | | |  | | | | | |  | | | | | | | | |  |
| **6. Special Approval** | **7. Part of Term** | | | | **8. Viewable Online?** | | | | | | **9. Grading Method** | | | | **10 Waitlist** | | | **11. Number on Waitlist** | | |
| Department Approval  Instructor Approval  Adviser Approval | Full Semester  First Session  Second Session | | | | Yes  No | | | | | | Standard Grading  Pass/Fail Grading  Not Gradable | | | | Yes  No | | |  | | |
| **12. Maximum Enrollment** | **13. Crosslisted with (course)** | | | | | |  | | | | | |  | | | | | | | |
|  |  | | | | | |  | | | | | |  | | | | | | | |
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| **MEETING DETAILS** | | | | | | | | | | | | | | | | | | | | |
| **14. Meeting Type** | | Lecture  Online | | | | | | | | | | | | | | | | | | |
| **15. Days Taught** | | Monday Tuesday Wednesday Thursday Friday Saturday | | | | | | | | | | | | | | | | | | |
| **16. Class time** | |  | | | | | | | | | | | | | | | | | | |
| **17. Room Request** | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | |  | | | | | | | | |
| **INSTRUCTOR** | | | | | | | | | | | | | | | | | | | | |
| **18. Instructor(s) T#** | | **19. Instructor(s) Name** | | | | | | | | | | | | | | | | | | |
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| **COURSE ATTRIBUTES** | | | | | | | | | | | | | | | | | | | | |
| **20. Budget Code** | | | | Budget Related (Regular)  Budget Related Concurrent  Budget Related STIT  Budget Related Non-Credit | | | | | | Self-Support (Regular)  Self-Support Concurrent  Self-Support STIT  Self-Support Non-Credit | | | | | | | | | | |
| **21. Academic / Vocational Code** | | | | Academic  Concurrent Enrollment | | | | | | Vocational  Apprenticeship | | | | | | | | | | |
| **22. Course Type Code** | | | | Conferences & Workshops  Dissertation  Individualized Instruction | | | | | | Regular Class  Class with incorporated lab  Lab | | | | | | | Supervision at remote sites  Thesis Credit  Other: | | | |
| **23. Instructional Type Code** | | | | Face-to-Face (YP)  Technology Enhanced (YH)  Online / Internet (YI) | | | | | | Hybrid/Blended (YB)  Interactive Audio/Video (YR)  Broadcast (YT) | | | | | | | Correspondence (YC) | | | |
| **24. Tuition Waived** | | | | Yes  No | | | | | | | | | | | | | | | | |
| **25. Fees** | | | | Amount | | | | $ | | | | | | Account Code | | | | |  | |
|  | | | |  | | | | | | | | | | | | | | | | |
| **SUBMISSION INFORMATION** | | | |  | | | | | | | | | | | | | | | | |
| **26. Individual Submitting** | | | |  | | | | | | | | | | | | | | | | |
| **27. Contact Email** | | | |  | | | | | | | | | | | | | | | | |
| **28. Contact Phone** | | | |  | | | | | | | | | | | | | | | | |
| **29. Completed** | | | | 10/7/2011 10:50 AM | | | | | | | | | | | | | | | | |