

Study Abroad Course Request Form

The purpose of this form is to open courses for registration on a faculty-led study-abroad program.

_____ - term or intercession, _____ - year Dept of: _____ College : _____

Course Prefix and Course Number: _____ - _____ - _____

Course Title: _____

Semester	Enrollment	Grade
Credit Hours: _____	Limit: _____	Type: _____

If Variable-Credit: _____ How many hours were proposed and approved? _____

Will students be allowed to register for varying credit limits? _____

Instructor: _____ Instructor UIN #: _____

Will instruction of this course be shared? Yes _____ No _____ If yes, please provide: _____

Additional Instructor: _____ UIN #: _____

Country or foreign location(s) of study abroad program : _____

Course start/end dates: _____

Program dates abroad (may be same as above): _____

Is this course cross-listed? _____ Yes _____ No If yes, Course Prefix and Number: _____ - _____ - _____

If this is a Special Topics course, has it been taught outside the U.S. before? _____ Yes _____ No

If Yes, how many times? _____ And where? _____

***NOTE: The standard Special Topics form will need to be submitted by the department.**

Should this course be considered for approval within any category of the University Core Curriculum?
_____ Yes _____ No **If Yes, see below.

Additional comments (prerequisites, satisfactory/unsatisfactory, stacked, etc.):

****To be included in the Core Curriculum, a separate departmental request and a request for Addition to the Core Curriculum form must be submitted to the Core Curriculum Council for each semester or summer term that a special topics course is to be taught (before August 1 for spring offerings). An approved copy of the form will be sent to the Department and the Office of the Registrar by the Faculty Senate.**

I certify that the above course in my department has obtained prior approval through my college, and has been reviewed by the Study Abroad Program Policy Committee (SAPPC), to be taught outside the U.S.

Name: _____
Department Head

Signature: _____

For Authorized Use Only:

An approved copy has been sent to the Registration Office by the Core Curriculum Council/Faculty Senate.

Date: _____

For Authorized Use Only:

Study Abroad Programs Office confirms that the THECB and SAPPC processes have taken place for this course.

Sign: _____

Date: _____

THECB Approved: _____