

## Departmental Request: Special Topics...Course

This form can be filled out with Adobe Acrobat and then printed for signatures.

Please attach a course syllabus to the form.\*

Office of Graduate Studies  
302 Jack K. Williams Admin Bldg.  
Mail Stop 1113  
(for graduate)

To: Dean of College of \_\_\_\_\_

I request approval of the following Special Topics course for the \_\_\_\_\_ term in the \_\_\_\_\_ (year)

Department of : \_\_\_\_\_ Course: \_\_\_\_\_

Title: Special Topics in \_\_\_\_\_

Please give a suggested 24 character abbreviation (including spaces): Subtitle Code \_\_\_\_\_ (for office use only)

SP TP \_\_\_\_\_

Meeting Days: \_\_\_\_\_

Lecture: \_\_\_\_\_ Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Bldg: \_\_\_\_\_ Room: \_\_\_\_\_

Lab: \_\_\_\_\_ Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Bldg: \_\_\_\_\_ Room: \_\_\_\_\_

Number of hours a week: Lecture: \_\_\_\_\_ Laboratory: \_\_\_\_\_ Credit: \_\_\_\_\_

Description of course (no more than 50 words):  
\_\_\_\_\_  
\_\_\_\_\_

Prerequisite: \_\_\_\_\_

Instructor: \_\_\_\_\_ Instructor UIN #: \_\_\_\_\_

Has this special topics course been taught before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many times? \_\_\_\_\_

Indicate the number of students enrolled \_\_\_\_\_ and each academic period taught: \_\_\_\_\_

If a similar course is offered at the University, identify it by prefix and course number \_\_\_\_\_

If this course has been approved as a new course, give prefix and course number \_\_\_\_\_

**Should this course be considered for approval within any category of the University Core Curriculum?**

\_\_\_ Yes \_\_\_ No \*\*If yes, see below.

Additional comments (cross-listing, satisfactory/unsatisfactory, distance education, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

**\*Attach a syllabus with a course outline of sufficient detail to permit an accurate evaluation of the course content. Indicate the lecture and laboratory periods, in one hour increments, that will be required to present the proposed subject matter. Include a list of books (and indicate authors), titles of scientific journals, or other resource materials. Also include the method by which students will be evaluated.**

\_\_\_\_\_  
**Department Head** **Date**

\_\_\_\_\_  
**Dean of College** **Date**

\_\_\_\_\_  
**Office of Graduate Studies (for 689's only)** **Date**

To be included in the **Schedule of Classes**, a separate departmental request, using this form, must be submitted to the Dean's Office (for 289s/489s) or the Office of Graduate Studies (for 689s) for each semester or summer term that a special topics course is to be taught. An approved copy of this form will be sent to the Department and the Registration Office by the Dean's Office (for 289s/489s) or the Office of Graduate Studies (for 689s).

An approved copy has been sent to the Department and the Registration Office by the Dean's Office/Office of Graduate Studies.

Date: \_\_\_\_\_