



**AUTHORIZATION TO OFFER
A SPECIAL TOPICS COURSE**

Semester/Year Offered:
 Fall _____
 Spring _____
 Summer _____

The 291, 391, 491, and 591 numbers are reserved for experimental or Special Topics courses. All such courses must carry the prefix of the discipline under which offered. (Example: DIES 491, Applied Research).

I. Instructor's Name _____

II. College/Dept _____ III. Course Prefix _____ & No. ___91, Section _____

IV. Course Title _____

V. Credits _____ Contact Hours: Lecture Hours _____ Lab Hours _____

VI. Meeting Time/Place: Time _____ Day M T W Th F S WEB
 Building _____ Room Number _____ Cap _____

VII. Course Description (or attach syllabus):

VIII. Objectives [concepts and skills the student will be expected to understand or perform] (or attach syllabus):

IX. Texts and/or other instructional materials:

X. Assessment of Objectives (or attach syllabus):

XI. Equipment (as appropriate):

APPROVALS

Date _____ 20____ Instructor's Signature _____ ID# _____

Date _____ 20____ Dean/Director of College listed above _____

Date _____ 20____ Provost/Vice Chancellor for Academic Affairs _____

FOR OFFICE USE ONLY

Entered into Banner by: _____ Date: _____

CIP Code: _____ CRN: _____