**292/492/592s are used when a division wishes to teach a course that is not in the catalog. This includes courses that have been approved by SAC, but are not yet in the catalog. 292/492/592s can only be taught for two semesters.**

**Please check one:**

New Topic Repeat Topic

**For repeat requests:**

Has this class been taught before?  Yes No

Terms course was last taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For new requests:**

Please attach syllabus.

**For all requests:**

Term: \_\_\_\_\_\_\_\_\_\_\_\_

Course Subject Prefix: \_\_\_\_\_\_\_\_\_\_\_\_ Course Catalog No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (30 char): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Organization (Program or Division): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-time Tenured / Tenure-Track Full-time Visiting Adjunct

Please include a current CV for all adjunct faculty.

Grade Type:

Graded Credit/No Credit

No. of Units\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Students must engage in a minimum of 45 hours of either faculty-directed or independent study during the semester for each credit hour (unit).

This course will be offered as a GE pending AAC’s approval

Prerequisites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTE: Indicate if the course has a special requirement designation or attribute.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Divisional Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 Name Date

Associate Dean Signature\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 Name Date

\*\*I acknowledge that the requirements for this class comply with all established University, college, and divisional policies related thereto, including but not limited to the credit hour policy, academic policies, and Seaver student policies and procedures.

For Director of Administrative Services only:

 Title requested from Registrar: \_\_\_\_\_\_\_\_\_\_\_\_

 Date

 Course entered/title attached: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Date