## Proposed Undergraduate Topics Course Offering (New numbers 0-4999)

Sei	mester	Year			
Su	bject Area of:				
Course# Section #		Cr Hrs			
Co	urse Title:				
Instructor:			Address:		
	air: eeting Day/Time	Preference:	Address:		
To ex		e intended for one new course prior			
1.	1. Is this course number established in the Course Catalog?				
Yes No Send in Course Proposal form for UGCC app.					proval
2.	Has this course Yes	been offered previe (Respond to a, b, c	•	o (Go on to it	tem 3 and 4)
	a. Indicate the semester(s) and year when the course was offered before:				
	Fall	Spi	ing	Summe	r
	b. If yes, include justification for repeating this course as a Topics course rather than seeking regular course approval. (Specific Topics title can only be offered a maximum of 2 semesters)				
	c. Is regular co	urse approval in pro	ocess? Ye	s No	
3.	Please identify departments that are likely to share an interest in the subject of the course:				
4.	Is this course cr	ross-listed with any	other courses? Ye	es No	
	If yes, list cross	s-listed courses			
	1 <sup>st</sup> time offe	ering	2 <sup>nd</sup> time of	offering	
Departmental Chair Approval					Date
Divisional Dean Approval					Date