UNIVERSITY
OF GUAM
Unibetsedåt GUAHAN

Office of Academic and Student Affairs

REQUEST FOR TECHNOLOGY DELIVERED COURSE/ OFF CAMPUS/DE COURSE FORM

1. Course Number: _____ Title: _____

2. Credit Hour(s) : _____ Semester to be Offered: _____

3. Course Counts As (check all that apply):
   - Part of a Degree Program
   - General Education Requirement
   - Elective
   - Special Needs (Workshop, seminar, special topic…94 series, etc.)

4. Level of Instruction: _____Undergraduate _____Graduate (/G) _____ Both

5. Is this course cross-listed with another department? _____

   If so, list the cross-listed catalog number (s)? _____

6. CATALOG DESCRIPTION (if course is a new course) :

   Use complete sentences and present tense._____

7. DESCRIBE LIBRARY AND INFORMATION TECHNOLOGY RESOURCES AVAILABLE TO SUPPORT COURSE: If insufficient library sources are available, describe alternatives that will be used.
   _____

8. ADDITIONAL INFORMATION:

   _____

9. ATTACH TECHNOLOGY DELIVERED/OFF CAMPUS/DE COURSE OUTLINE FORM:

APPROVAL RECOMMENDED BY:

UNIT	SIGNATURE (use BLUE pen please)	DATE
For Program		
Division Chair		
Chair, College AAC/CC		
Dean		
Technical Review (DESC)		
UCRC/GCRC		
President, Faculty Senate		

Technical Review (DESC) } Combined review UCRC/GCRC

(Endorsement of UCRC/GCRC Recommendation)

APPROVED:

_____   _____
SENIOR VICE PRESIDENT ACADEMIC & STUDENT AFFAIRS   DATE