

Non-Credit Course Creation Request

See Form Instructions

DEPARTMENT INFORMATION								
Requested By:	Email:							
Title:	Request Date:							
COURSE INFORMATION								
Subject Area:	Course Number:						Hours (CEU):	
Course Title:				Method:			Grade Type:	
Attributes: (Check all that apply)	☐ Canvas	☐ Foster's Promise	☐ Comp	oleter's Grant	☐ Reboot	□ Oth	er	
Tuition Amount:		Justification: _						
COURSE DESCRIPTION								
APPROVALS:								
1						_		_
Vice Chancellor for Workforce Development							Date	
า								
2 Executive Director, Financial Services/Associate Controller							Date	_
3.		rogram Developm				_		_
Director, Curr	iculum and P	rogram Develonn	nent				Date	