Delgado
COMMUNITY COLLEGE

Non-Credit Course Creation Request

See [Form Instructions](#)

DEPARTMENT INFORMATION

Requested By: _____ Email: _____

Title: _____ Request Date: _____

CORSE INFORMATION

Subject Area: _____ Course Number: _____ Hours (CEU): _____

Course Title: _____ Method: _____ Grade Type: _____

Attributes:
(Check all that apply) ☐ Canvas ☐ Foster's Promise ☐ Completer's Grant ☐ Reboot ☐ Other _____

Tuition Amount: _____ Justification: _____

COURSE DESCRIPTION

APPROVALS:

1. _____ _____
   Vice Chancellor for Workforce Development   Date

2. _____ _____
   Executive Director, Financial Services/Associate Controller   Date

3. _____ _____
   Executive Director, Curriculum and Program Development   Date