Delgado COMMUNITY COLLEGE

SPECIAL TOPICS COURSE PROPOSAL COVERSHEET

_____ _____ _____

Proposed Course Prefix Course Number Course Title

Submitting faculty: _____

Submitting faculty signature: _____

Division: _____

Date: _____

Rationale for offering this course: _____

Is this course transferable to other colleges/universities? **Yes** ___ **No** ___

If yes, where? _____

Signature: _____ _____

Academic Dean Date

Received in Office of Curriculum and Program Development _____

Recommended by
Director of Curriculum and Program Development:

Signature: _____

Start Term: _____ Expiration Term: _____

Approved:

_____ _____

Vice Chancellor for Academic Affairs Date

Entered in Banner:_____ Originator, Dean, Registrar Notification: _____