



Holcombe Department of Electrical and Computer Engineering
REQUEST TO CROSS-LIST COURSE

COURSE NUMBER: _____

DEPT. OFFERING THE COURSE: _____

CROSS-LIST DEPT. CONTACT: _____ EMAIL: _____

NUMBER OF SEMESTERS OFFERED: _____

ATTACH TENTATIVE SYLLABUS

FOCUS AREA: __AEM __CSN __CSA __DSP __ELE __IS __POW

SUBMITTED BY: _____ DATE: _____

TITLE OF TOPIC: _____

TOPIC CREDIT HOUR(s): _____ TYPE: Lecture: _____ Seminar: _____

DESCRIPTION OF TOPIC:

BRIEF JUSTIFICATION OF NEED:

SCHEDULING TITLE (max 20 char): _____

RECOMMENDATION

Table with 3 rows for recommendations. Each row includes checkboxes for Recommended and Rejected, a signature line for Focus Area, Graduate, or Undergraduate committee chairs, and a date line.

FOR OFFICE USE SECTION NUMBER: _____ CRN: _____

RETURN THIS FORM TO THE GRADUATE STUDENT SERVICES COORDINATOR IN 102C RIGGS HALL