



Holcombe Department of

ELECTRICAL AND COMPUTER ENGINEERING

Clemson® University

ECE 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: __C&C __CES _ IS _PEQS

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

__Recommended __Rejected

Focus Area Committee Chair, Signature

Date

__Recommended __Rejected

Graduate Committee Chair, Signature
(if 6000 or 8000 level course)

Date

__Recommended __Rejected

Undergraduate Committee Chair, Signature
(if 4000 level or lower course)

Date

FOR OFFICE USE SECTION NUMBER: _____ CRN: _____

RETURN THIS FORM TO THE ECE REGISTRATION COORDINATOR