



REQUEST FOR PERMANENT COURSE NUMBER

PREVIOUSLY OFFERED AS (ex: ECE 4930): _____

NUMBER OF SEMESTERS OFFERED: _____

ATTACH SYLLABI FROM TWO MOST RECENT OFFERINGS

ATTACH TENTATIVE SYLLABUS FOR NEXT OFFERING

FOCUS AREA: CC ES 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*): _____

NUMBER OF PREVIOUS OFFERINGS: _____ PREREQUISITES: _____

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: _____ Permanent Number: _____

RETURN THIS FORM TO THE ECE REGISTRATION COORDIANTOR