



Outreach College

Credit Course Request Form

This form should be completed by the Home Department – complete all sections

Today's Date: Please Print or Type
Academic Department: Course #: Credit Hours:
Course Title: Contact Hours:
Meeting Times: Class Day(s): Dates:
Facility: Facility Address:
Year: Fall Winter Spring Pre-session Summer I Summer II Carry over course
Estimated # of enrollments: List Course in Schedule of Classes: Yes No
Delivery Method (for Distance Learning): UA D2L eCollege Other

Instructor Contact Information – provide all information

New Instructor/Faculty Current UA Instructor/Faculty Title:
Instructor: SS# or EID:
Campus or Home Mailing Address:
Email Address: Work Phone: Fax Number:

Additional Information

Special Billing (please explain)
Course fee Yes No UA Account #:
QTR's allowed Yes - # allowed No
Textbook(s)
Other information/instructions (including syllabus link, proctoring required, etc.):

Originator: Contact Number: Date:

Authorization: The Academic Department is responsible for selecting the person that is qualified to teach the course. All appropriate documentation, including instructor vitae and course syllabus, must accompany this form.

Department Head (home department) Date Dean/Director of College (home department) Date

University of Arizona Outreach College Fax (520) 626-1102

Internal Use Only: List on CE Web Yes No
CO DL