

NEW COURSE/CEU

Office of the Registrar
P.O. Box 749
Barrow, AK 99723
Phone: 907.852.1757 or 1763
Fax: 907.852.1784

Semester: _____ Year: _____

Prepared by: _____ Phone: _____

1. COURSE IDENTIFICATION:

Dept _____ Number _____ No. Of CEU: _____

2. COURSE TITLE: _____

3. FREQUENCY OF OFFERING: _____

4. DATE OF FIRST OFFERING: _____

5. CONTACT HOURS: ☐ YES ☐ NO _____ lecture _____ lab = _____ total hours

6. DISTANCE DELIVERED:

7. NUMBER OF STUDENTS EXPECTED: _____ MAXIMUM STUDENTS ALLOWED: _____

8. BRIEF COURSE DESCRIPTION (50 words or less, if possible):

9. GRADING SYSTEM: ☐ Letter Grade ☐ Pass/Fail

10. PREREQUISITES: _____

11. SPECIAL RESTRICTIONS, CONDITIONS, or FEES: _____

12. INSTRUCTOR'S NAME: _____

Dean of Academic Affairs

_____ Date _____ ☐ Approved ☐ Denied

**** NOTE: A COURSE SYLLABUS MUST BE SUBMITTED WITH THIS REQUEST****

Received by Office of the Registrar

_____ Date _____ Section # _____