

UAS Proposed Course Offering

Semester / Year: _____

Dean's Signature: _____

Date: _____

Department: _____

Provost's Signature: _____

Date: _____

CRN	Subject	Course #	Section	Title	Cred	(a+b)	Grade	Cap	Prereq	XL/Stack
Instructor				UA ID#	Fee	New (y/n)	Fund/Org		Fee Purpose	
Begin Date	End Date	Days	Start Time	End Time	Bldg/Room	Notes:				

Delivery Coding

- F: In person
- O: Online - No set time
- C: In person and online
- U: In person or online
- S: Online - set time

Meeting time

- Yes
- No

Pacing

- Instructor
- Self

Special Flat Fee

- Co-Sponsored?
- Dual Enrollment?

Text

- No Text Required

Title: _____

Edition: _____

Publisher: _____

ISBN: _____

Course Description / Other Notes: