



TO: Dr. John M. Peek
Provost and Senior Vice President

FROM: _____
Chairperson

DATE: _____

SUBJECT: Supplemental Request to Offer Department-Course-Section

Provost Use Only

____ Approved ____ Denied

____ Signature

____ Date

Term and Year to be taught: _____

Course Reference Number: _____ Subject: _____ Course: _____ Section: _____

Credit Hours: _____ Variable Credit: _____ Yes _____ No

Abbreviated Course Title: _____

Course Description: _____

Justification for adding this course: _____

Enrollment Limit: _____ Grading Mode: _____ Days (MTWRF): _____

Start Time: _____ End Time: _____ Building/Room: _____

Instructor's Name: _____ GSC ID #: _____

Starting Date (Month, Day, Year): _____ Ending Date (Month, Day, Year): _____

If "arranged" for 3 or less students, please list the student(s): GSC ID #: _____ Name: _____

GSC ID#: _____ Name: _____ GSC ID#: _____ Name: _____

Is this an off-campus course? _____ Yes _____ No If yes, please mark all that apply below:

Early Entrance Dual Credit WV48 Taught at a Public HS

Once action has been taken the academic department will be notified by e-mail.