

**UNIVERSITY**

**OF GUAM Office of Academic and Student Affairs**

***Unibetsedåt* GUAHAN**

**REQUEST FOR TECHNOLOGY DELIVERED COURSE/ OFF CAMPUS/DE COURSE FORM**

1. Course Number:

Title:

1. Credit Hour(s) : Semester to be Offered:
2. Course Counts As (check all that apply):

Part of a Degree Program

General Education Requirement

Elective

Special Needs (Workshop, seminar, special topic…94 series, etc.)

1. Level of Instruction:

Undergraduate

Graduate (/G)

Both

1. Is this course cross-listed with another department?

If so, list the cross-listed catalog number (s)?

1. CATALOG DESCRIPTION (if course is a new course):

Use complete sentences and present tense.

7. DESCRIBE LIBRARY AND INFORMATION TECHNOLOGY RESOURCES AVAILABLE TO

SUPPORT COURSE: If insufficient library sources are available, describe alternatives that will be used.

1. ADDITIONAL INFORMATION:
2. ATTACH TECHNOLOGY DELIVERED/OFF CAMPUS/DE COURSE OUTLINE FORM: APPROVAL RECOMMENDED BY:

**UNIT SIGNATURE (use BLUE pen please) DATE**

For Program Division Chair

Chair, College AAC/CC

Dean

Technical Review (DESC)

UCRC/GCRC

President, Faculty Senate

(Endorsement of UCRC/GCRC Recommendation)

# APPROVED:

SENIOR VICE PRESIDENT ACADEMIC & STUDENT AFFAIRS DATE