

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

- % Location-Based:** 0: Distance 0% 1: Local 1-20% 2: Local 21-50% 3: Local 51-100%
- Meeting Times:** Yes No
- Pacing:** Instructor Self
- Delivery Method:** Face-to-face Web Meet / Elive Online/Web Audio
- Other (specify): _____

Special Flat Fee

- Co-Sponsored?
- Dual Enrollment?

Text No Text Required

Title: _____

Edition: _____

Publisher: _____

ISBN: _____

Course Description / Other Notes: