

OHIO STATE GROUP STUDIES REQUEST

College _____

Department _____

(e.g., Portuguese)

A. Course Offerings Bulletin Information. Follow instructions in the *OAA Procedures Manual*.

Course No. _____ Title of Course _____

Level U P G _____ Credit Hours: _____

Description (*not to exceed 25 words*): _____

Quarter /Yr: SU AU WI SP YR _____ Distribution of Class Time: _____

Prerequisite(s): _____

Exclusion or limiting clause: _____

Repeatable to a maximum of _____ credit hours.

General Information Statement _____

B. General Information (*respond to all items*):

1 This course has been discussed with and has the concurrence of the following academic units needing this course or with academic units having directly related interests (list units and attach letters):

2. Attach letters indicating concurrence or objection from academic units that might have jurisdictional interests.

3. Previous quarter(s) of offering and enrollment: _____

4. Attach the course syllabus that includes the topical outline of the course, student learning outcomes and/or course objectives, methods of evaluation, off-campus field experience, and other items as stated in the *OAA Procedures Manual*.

5. Provide the rationale for proposing this group studies topic.

[over]

APPROVAL SIGNATURES (As needed. All signatures on lines in ALL CAPS (e.g. ACADEMIC UNIT) must be completed

	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
ACADEMIC UNIT CHAIR		Date
	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
Academic Unit Undergraduate Studies Committee Chair (Undergrad course)		Date
	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
Academic Unit Graduate Studies Committee Chair (Undergrad/Graduate course)		Date
	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
School /College Undergrad Curriculum Committee (Undergrad/Grad course)		Date
	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
School /College Graduate Curriculum Committee (Undergrad/Grad course)		Date
	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
School Director (If Appropriate)		Date
	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
COLLEGE DEAN		Date
	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
Graduate School (If Appropriate)		Date
	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
ASC Curriculum Committee Chair (If Appropriate)		Date
	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
University Honors Center (If Appropriate)		Date
	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
Office of International Education (study tour only)		Date
	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
ACADEMIC AFFAIRS		Date

SCHEDULING INFORMATION

Course No:	Limit:	Credit Hour	Restriction Code	Days	Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Section Type:		Requested Bldg/Room :					
Instructor:	S25 Need Type & Characteristics	Qtr	<input type="checkbox"/> 1st Term	<input type="checkbox"/> 2nd Term	Non-Standard begin/end dates		
	[1-20, max of 5]						

Contact person

Phone number:
