Course Information

**COURSE TITLE**
(This title will appear on your transcript and is limited to 30 characters, including spaces.)

**SEMESTER/ YEAR**

**CREDITS**

**FACULTY ADVISOR:**

**GRADE MODE**
- Credit/No Credit
- Standard Letter (requires suitable written work product)

**MEETING PLAN**
This course is required to meet a minimum of 770 minutes per credit hour, e.g., 60 minutes per week for 13 weeks.

**COURSE DESCRIPTION**
(Please describe your proposed discussion topic, including any materials you plan to use.)

A copy of your reading list must accompany this form.

**Student Participants**

**NAME:** ________________ **SIGNATURE:** _______________________ **DU ID:** ____________

**NAME:** ________________ **SIGNATURE:** _______________________ **DU ID:** ____________

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**NAME:** ________________ **SIGNATURE:** _______________________ **DU ID:** ____________

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Student Participants continued

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Faculty Supervisor
SIGNATURE: ________________________________

This proposal form must be approved by the Senior Associate Dean for Academic and Faculty Affairs.

Academic Dean Approval

ACADEMIC DEAN SIGNATURE ______________________ DATE _________

This form must be submitted to OSA no later than the end of the second week of classes.