

**TEMPORARY APPROVAL OF 290 COURSES FOR SUMMER 2020**

Form: April 2020

**A. DEPARTMENT:**  
**COLLEGE:**  
**DIVISION:**

**B. COURSE ACTION REQUESTED:**  
 1.  Approval for temporary course offering for Summer 2020

**C. COURSE INFORMATION:**

|                                 |                  |
|---------------------------------|------------------|
| 1. COURSE SUBJECT CODE (rubric) | 2. COURSE NUMBER |
|---------------------------------|------------------|

3. COURSE TITLE  
 Title (30 character maximum – required for ALL courses):

|   |                            |
|---|----------------------------|
| <input type="checkbox"/> Undergraduate <ul style="list-style-type: none"> <li><input type="checkbox"/> Level 1: Introductory/Foundation courses<br/>(100 # courses with no prereqs)</li> <li><input type="checkbox"/> Level 2 (Intermediate/Foundation courses)<br/>(100 # courses with prereqs; 200 # courses with fewer than two prereqs)</li> <li><input type="checkbox"/> Level 3 (Intermediate/Advanced courses)<br/>(200 # courses with two or more prereqs; or with one prereq and approved exception – <a href="#">request below</a>)</li> <li><input type="checkbox"/> Level 4 (Advanced courses)<br/>(300 and 400 # courses)</li> </ul> <input type="checkbox"/> Graduate | 4. Suggested course level: |
| <b>NOTE: Level 3 and Level 4 courses will be designated as Advanced (ADVD) and are available as a 290 submission.</b>   |                            |

5. Schedule Type                      A                      B                      C  
 ([Classification – click for descriptions](#))

6. COURSE CODE:                      /                      /  

# Credit Hrs
# Lecture Hr. Wk.
# Lab/Activity Hrs. Wk.

**7. PREREQUISITES AND REGISTRATION RESTRICTIONS:** 7.

A. **Course and/or Test Score Prerequisite(s):** *list all prerequisite courses (if a grade higher than a D is required in a prereq course, list the required grade in parentheses) AND all test score prerequisites*

B.  AND  OR   
**Registration restriction(s):** (list here if course registration is restricted by some other criteria – e.g., major, department, student level, cohort, etc.)

**ATTESTED TO: (Full signature of authorized individual)\***

|                      |             |                             |
|----------------------|-------------|-----------------------------|
| 1. _____ / _____     | Date: _____ | Department Chair            |
| (cross-listed dept.) |             |                             |
| 2. _____             | Date: _____ | Dean of Faculty             |
| 3. _____             | Date: _____ | Curriculum Committee Chair  |
| 4. _____             | Date _____  | President/Designee of Univ. |

\*Signature indicates you have followed procedure in submission of this form as outlined in April 8, 1974 memorandum.