REQUEST MUST BE SUBMITTED TO REGISTRAR A MINIMUM OF TWO WEEKS PRIOR TO FIRST MEETING DATE; ALL SIGNATURES ARE REQUIRED PRIOR TO SUBMISSION PLEASE ROUTE ACCORDINGLY

Title _____

Meeting Dates: From _____ To _____ Total Contact Hours _____

Location: _____

Program Content Description: _____

_____

_____

_____

UI Instructor/Coord Name _____ ID _____

*must be active UI faculty/instructor; required for grade entry in VandalWeb

Sponsoring Agency _____

Program Coordinator Name and Title _____

Signature _____ Date ___/___/___

Address _____

Phone _____ Email _____

UI Academic Department/Subject Program Associated With _____

UI College Dean Approval

_____ Date ___/___/___

signature required

FOR REGISTRAR USE ONLY Approved by _____ Date _____