

Professional Development

Division of Distance Education Dept. 3694 • 1000 E. University Ave. • Laramie, WY 82071

Course Request for Cooperating Agency-Sponsored Courses

The University of Wyoming is not responsible for instructional or course material expenses for the course. Please submit this form to our office 45 days prior to the start of class.

COURSE INFORMATION: Course	:(Department/Number)		FOR OFFICE USE ONLY:
Course Title:			
			CRN Number:
Prerequisities:			Date Received:
redit Hours: Contact Hours: Semester:		Date Approved: Packet Sent:	
Department:College:			
GRADING OPTIONS: Enrichment courses (5959) are S/U only. Ple	ease note that these courses w	ill not count in a degree prograr	
Previously approved course: Yes	No Please attach a curre	nt course syllabus/outline.	
Proposed Dates and times: Day:	Time:_	Cl	ass Location:
Meeting Dates:			
Send registration information and evaluation fo	orms to:		
Name:		_E-mail:	
Address:			
Phone:		Requested number of registra	tions:
INSTRUCTOR INFORMATION:			
Name:		Daytime Phone:	
Address:		Evening Phone:	
		E-mail:	
City	_StZip	Social Security Number:	
Previously approved instructor: No (If no	o, please attach a resume.)	Yes	Resume/Vita on file, Dated
Sponsoring Agency:Address:		IF UW FACULTY: Will you be receiving payn	
	Copy of UW Consulting F		
Phone Number:		(Payment for overload teaching must be processed through the Division of Distance Education. The Division of Distance Education will bill salary, benefits, and expenses to sponsoring agency/grant.)	
COURSE APPROVALS: Division of Distance Education:			Date:
Department Head:			Date:
College Dean:			Date: