|  |
| --- |
| **NTID Special Topics Course Documentation Form** |
| **Date:** Click here for Date |
| **Proposed Course Title:** Course Title | **Course Delivery Mode:** Select |
| **Initiator(s):** Name(s) of Initiator(s) **Instructor(s):** Name(s) of Instructor(s) |
| 1. **Program:** Program
 |
| 1. **Department:** Department
 |
| 1. **Type of Course (required, required per test placement, elective, other/explain):** Type of Course
 |
| 1. **Prerequisite(s) and/or Corequisite(s):** Prerequisite/Corequisite
 |
| 1. **Target Degree(s) of Student Population: B.S. / B.F.A.** [ ]  **A.S.** [ ]  **A.A.S.** [ ]  **A.O.S.** [ ]  **Certificate** [ ]
 |
| 1. **Number of Credit Hours:** Number of credit hours

**Course Delivery Structure (Component) and Contact Hours: (indicate number of weekly in-class contact hours for the Component type that appears in section 2c of the approved Special Topics 289 course outline):** **LEC:** # of class hrs/wk **LAB:** # of lab hrs/wk **LEL:** # of lec + lab hrs/wk **Other:** Component Type# of hrs/wk |
| **Academic Year Offered:** AY 20xx-xx | 1. **Semester(s) Offered:**
 | 1. **Fall** [ ]
 | **Spring** [ ]  | **Summer** [ ]  |
| 1. **Course Number ABCD-x89:** Course number
 |
| 1. **Course Description:** Course description
 |
| 1. **Course Outcomes:**

**1.** Course Outcome**2.** Course Outcome**3.** Course Outcome**4.** Course Outcome**5.** Course Outcome1. **6.** Course Outcome
 |
| 1. **Proposed Collaboration:** Proposed collaboration
 |
| 1. **Proposed Articulation:** Proposed articulation
 |
| 1. **Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_**
 |
| 1. *Please submit this signed form either with or without a New Course Proposal Form (course outline) to Associate Dean for Curriculum for further processing.*
 |
| 1. **AVPAA Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_**
 |
| **Date Submitted to NTID Student Records/Registrar’s Office by AVPAA: Date: \_\_\_/\_\_\_/\_\_\_** |
| **Date Submitted to NCC (FYI) Date: \_\_\_/\_\_\_/\_\_\_** |