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| **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 Outcome   1. **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: \_\_\_/\_\_\_/\_\_\_** | | | | |