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| **NTID Seminar Courses****Curriculum Action Form to Identify Topic**1. **1. Date:** Date
 |
| 1. **2. Course Number:** Course #
 |
| 1. **3. Course Title:** Course Title
 |
| 1. **4. Topic/Country:** Topic/Country
 |
| 1. **5. Instructor:** Instructor
 |
| 1. **6. Academic Year Offered:** AY 20xx-xx
 | 1. **Semester(s) Offered: Fall** [ ]  **Spring** [ ]  **Summer** [ ]
 |
| **7. Information about specific course goals, focus or experience not already included on approved course outline:**Information |
| **8. Proposed Collaboration (if relevant):**Proposed collaboration |
| **9. Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_** |
| **10. AVPAA Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_** |
| **11. Date Submitted to NTID Student Records/Registrar’s Office by AVPAA: Date: \_\_\_/\_\_\_/\_\_\_** |
| **12. Date Submitted to NCC (FYI): Date: \_\_\_/\_\_\_/\_\_\_** |