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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: \_\_\_/\_\_\_/\_\_\_** | |