

## **Extended Campus**

## **Course Request**

The staff of Extended Campus can help you manage Course delivery (site-based and/or online) upon Dean approval and when you provide the information requested below. Signature of the Dean & School Director indicates their agreement and support for delivery of this course in the manner proposed. Please complete this form, obtain the required signatures, attach a syllabus, and submit via email to Shawna Watson, Extended Degree Program Services Coordinator. Note: UNC student immunization policies apply to Extended Campus Course enrollment.

Course Details:		Date of Request:	
Course Title:			
Prefix Course #		Term Year	
Capacity	Credits		
OnlineFace to Face	Hybrid	Grade Mode (Pass/Fail, Let	ter, Etc.)
Meeting Times:			
Course Start Date:	Course End Date:		
Day(s)	Times	Location/Site	
Day(s)	Times	Location/Site	
Day(s)	Times	Location/Site	
Instructor Information	<u>1:</u>		
Instructor Name Is the instructor paid: Yes [ Course Rationale/Details:	No Faculty pay rate= 40% of gene	nstructor Bear #erated tuition up to a maximum of FT or a	
Signatures signify approval	and intent to offer this course throu	gh Extended Campus.	
Instructor/Course Advisor:		Date:	
School Director:		Date:	
College Dean:		Date:	Office Use Only: CRN:
Extended Campus:		Date:	Tuition:

Restrictions:

Rev 8/30/22