

**REQUEST FOR APPROVAL OF A COURSE
FOR THE TOPICS REQUIREMENT (TFR)**

Department or Program: _____ Course Number: _____ Hours of Credit: _____

Course Name: _____

Instructor's Name: _____ Frequency of Offering: _____

Expected Enrollment for each section: _____ Requested Distribution designation: _____

Course description: _____

How this course meets TFR goals: _____

How this course meets distribution guidelines: _____

ATTACH DETAILED SYLLABUS

Chair's Name – Signature

Date

Chair's Name – Print or Type