

**COLLEGE OF ARTS AND SCIENCES
REQUEST FOR APPROVAL OF A COURSE
FOR DISTRIBUTION CREDIT**

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

Course Name:

Instructor's Name:

Frequency of Offering: _____ Distribution Area Requested: _____

How the course meets the guidelines for Distribution credit in the requested area:

ATTACH DETAILED SYLLABUS

Chair's Name – Signature

Date

Chair's Name – Print or Type