

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

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

Course Title: _____

Instructor's Name: _____

Frequency of Offering: _____ Distribution Area Requested: _____

How does the course meet the guidelines for Distribution credit in the requested area?

ATTACH DETAILED SYLLABUS

Chair's Name–Signature

Date

Chair's Name–Print or Type