

COURSE PREFIX \_\_\_\_\_ COURSE NUMBER \_\_\_\_\_

COURSE CATALOG TITLE \_\_\_\_\_

COLLEGE OFFERING ON-CAMPUS COURSE \_\_\_\_\_

DEPARTMENT OFFERING ON-CAMPUS COURSE \_\_\_\_\_

*The online course has the same content and academic standards as the on-campus course listed above and the department will observe the same level of oversight.*

\_\_\_\_\_  
*Department Head / Program Chair*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Dean or Associate Dean*

\_\_\_\_\_  
*Date*

*After approvals, submit this form to the Chair, Undergraduate Curriculum Committee for signature and forwarding to catalog office.*

\_\_\_\_\_  
*Chair, Undergraduate Curriculum Committee*

\_\_\_\_\_  
*Date*

**REGISTRAR'S USE ONLY**

Processed by \_\_\_\_\_ Date \_\_\_\_\_

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