

# Southern Connecticut State University School of Graduate Studies

## Ad Hoc Course Approval and Documentation

Department \_\_\_\_\_ Date \_\_\_\_\_

Course Number \_\_\_\_\_ Credits \_\_\_\_\_ Faculty Credits \_\_\_\_\_

Course Title \_\_\_\_\_

Prerequisites or Qualifications \_\_\_\_\_

Semester \_\_\_\_\_ Enrollment \_\_\_\_\_ Maximum \_\_\_\_\_ Minimum \_\_\_\_\_

Instructor \_\_\_\_\_ Contact Hours \_\_\_\_\_

Rationale for Ad Hoc (include need and target audience)

### Approvals

#### 1. Related Discipline Recommendation (If Applicable)

The \_\_\_\_\_ Department (does/does not) object to the offering of the Ad Hoc course by \_\_\_\_\_.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Department Chairperson

#### 2. Department Endorsement

This course has been reviewed by the department and is approved as an academically sound Ad Hoc offering.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Department Chairperson

#### 3. School Endorsement

This course has been reviewed at the school level and is approved as an Ad Hoc offering.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of School Dean

#### 4. Graduate School Documentation

\_\_\_\_\_

Date Received

\_\_\_\_\_

Date Entered in file

\_\_\_\_\_

Associate Dean's Signature

NOTE: A comprehensive course syllabus with bibliography must be attached to this form as a matter of permanent record.

**A SPECIFIC TOPIC MAY ONLY BE OFFERED ONCE**

**Please return to the School of Graduate Studies**