

Domestic Travel Study Course Request

This form is required prior to scheduling any class that incorporates travel within the United States.

Lead Faculty Member	Department	Email	Phone Ext.
Program Location		Cooperating University (if any)	

Term Planned	
Fall	
Spring	
Summer	

Subject	Course	Section	Title	Instructor(s) <i>Last Name, First</i>	UID(s)
		DS_____			

Class Section	Class Section Start Date	Class Section End Date	Dates of Travel (if different than section dates)	Credit Hours	Max Enroll	Y N
						Charge Existing Course Related Fees*

*By indicating 'N' (for course related fees), you are indicating that approved course-specific fees do not apply to this offering.

If the course will include a non-travel component, check the appropriate course delivery method below	Meeting Pattern (if applicable)										Off Campus Site or On Campus Building/Room		
	Start Date	End Date	M	T	W	R	F	S	U	Start Time		End Time	
Face-to-Face On-Campus													
Face-to-Face Off-Campus													
Blended (Up to 99% online content)													

Additional Comments/Instructions:

This program and course are approved by:

Department Chair (Print)	Signature	Date
Academic Dean (Print)	Signature	Date
Educational Outreach Director (Print)	Signature	Date
Provost & V.C. for Academic Affairs Representative	Signature	Date

Office Use		
Attr.	Instructional Method	Fees
IT	BL	OC
TC	TR	TXTO
CRN		