

_____ (term) _____ (year) **Request for Faculty Led Off-Campus Course(s)**

Please submit to: Office of International Studies & Programs, MSC 163

Attn: Peter Li via email at Peter.Li@tamuk.edu

Please include a copy of your class syllabus and tentative program budget.

Duplicate as needed.

First request
 Change

Off-Campus-Face-to-Face

Course #	Sect	*Topic Code	Course Title	Instructor	Proposed Travel Period	Capacity	Location(s)
	250						TAMUK/

**Topic Code required is the responsibility of each department*

Submitted by _____ Faculty Signature _____ Date _____

Reviewed by _____ Department Chair Signature _____ Date _____

Approved by _____ College Dean Signature _____ Date _____

Office of International Studies & Programs Only

Date received _____ By _____ Date submitted for scheduling _____ Date completed _____ By _____