

# SELECTED TOPICS COURSE REQUEST FORM



1. The academic year & term in which the selected topics course will be taught: \_\_\_\_\_
2. Discipline and level number of the selected topics course: \_\_\_\_\_  
(Numbers are 271,371, or 471)
3. Title of the selected topics course: \_\_\_\_\_  
(Note: only 30 characters can fit on the transcript title)
4. Number of credits: \_\_\_\_\_
5. Instructor(s): \_\_\_\_\_
6. Enrollment limit: \_\_\_\_\_
7. Prerequisite(s): \_\_\_\_\_
8. Additional course fees to be charged (optional) : \_\_\_\_\_
9. Will the grading be Pass/Fail or Letter Grade: \_\_\_\_\_
10. Course description with learning outcomes (include additional pages if needed):

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Academic Dean

\_\_\_\_\_  
Date

Return to the Registrar's Office:

Crete: Padour-Walker Building  
registraroffice@doane.edu

Non-Residential: Fred Brown Center  
NRregistrar@doane.edu