SELECTED TOPICS
COURSE REQUEST FORM

DOANE
UNIVERSITY

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 School 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