



REGENT UNIVERSITY®

Professional Development Course Request Form

Use to request a SOE course to be offered in the current or an upcoming semester

Course Information

Course Title: _____

Number of Credits: _____ Student Limit: _____ Semester: _____

Grade Mode: Standard Pass/Fail Fees: \$ _____ Tuition: \$185 \$ _____

Schedule Type: Lecture Distance Hybrid

Location: _____ Media Requests: _____

Day of the week the course meets: _____ Dates/Times: _____

Professor of Record: _____ Adjunct: _____

Reason for Course Request: _____

Any new course offered needs to have the syllabus turned into Dean Arroyo as soon as possible and book adoptions need to be sent to Charity Mack at cmack@regent.edu.

Signature of Faculty: _____ Date of Request: _____

Signature of Dean: _____ Date Approved: _____

~please sign and return to Terri Taylor ADM 266~any questions please call 266-4096