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