

REQUEST TO OFFER A COURSE THROUGH OUTREACH COLLEGE

Program / Cohort: _____

Course Number: _____ Dual Listed? Yes No

Course Title: _____

Focus (if applicable): E H O W

Number of Credits: _____ Maximum Enrollment: _____

Start & End Dates: _____

Days/Times: _____

Location: _____

Student Fees: _____ Method of Payment: _____

Third Party Payment (if applicable): Amount Subsidized: _____ Vendor Name: _____

Textbook/s: _____

INSTRUCTOR INFORMATION:

Name & UH ID: _____

Mailing Address: _____

UH Email address: _____ @hawaii.edu

Contact Phone #: _____

Type of Hire: _____ Rank: _____

Instructor Compensation: Please check one: _____ Without Compensation

Contact Person: _____

Contact Phone Number: _____ E-mail: _____

Department Chair's Signature Date

Dean's Signature Date

Please submit this form to: Alan Hunley, Outreach College- Credit Programs
Sinclair Library, Room 301
Fax: 956-3364