

REQUEST TO OFFER A COURSE THROUGH OUTREACH COLLEGE

Program / Cohort: _____

Course Number:	_____	Dual Listed?	Yes	No
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Course Title: _____

Focus (if applicable):	E	H	O	W
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Number of Credits: _____ Maximum Enrollment: _____

Start & End Dates: _____

Days/Times: _____

Location: _____

Student Fees:	_____	Method of Payment:	_____
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Third Party Payment (if applicable):	Amount Subsidized: _____	Vendor Name: _____
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Textbook/s: _____

INSTRUCTOR INFORMATION:

Name & UH ID: _____

Mailing Address: _____

UH Email address: _____ @hawaii.edu

Contact Phone #: _____

Type of Hire:	_____	Rank:	_____
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Instructor Compensation:	Please check one:	_____	Without Compensation
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Contact Person: _____

Contact Phone Number:	_____	E-mail:	_____
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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