

Office of the Registrar

Dept. 3694 • 1000 E. University Ave. • Laramie, WY 82071 (307) 766-5272

Course Request for Cooperating Agency-Sponsored Courses

The University of Wyoming is not responsible for instructional or course material expenses for the course. Please submit this form to our office 45 days prior to the start of class.

COURSE INFORMATION: Course: (Department/Number)	FOR OFFICE USE ONLY:
Course Title:	
	CRN Number:
Prerequisities:	Date Received:
Credit Hours: Contact Hours:	_ Semester:
Department:Colle	Packet Sent:
GRADING OPTIONS: Enrichment courses (5959) are S/U only. Please note that these courses w	Distance Database:
Previously approved course: Yes No Please attach a curre	nt course syllabus/outline.
·	Class Location:
Meeting Dates:	
Send registration information and evaluation forms to:	
Name:	_E-mail:
Address:	
Phone:	Requested number of registrations:
INSTRUCTOR INFORMATION:	
Name:	Daytime Phone:
Address:	Evening Phone:
	E-mail:
CityStZip	Social Security Number:
Previously approved instructor: No (If no, please attach a resume.)	Yes Resume/Vita on file, Dated
Sponsoring Agency:	IF UW FACULTY: Will you be receiving payment for teaching? Yes No
Address:	
CityStZip	Copy of UW Consulting Fee form attached: Yes No (Payment for overload teaching must be processed through the
Phone Number:	Division of Distance Education. The Division of Distance Education will bill salary, benefits, and expenses to sponsoring agency/grant.)
COURSE APPROVALS: Division of Distance Education:	Datc:
Department Head:	Datc:
College Dean:	Date: