FORM FOR REQUESTING TO OFFER SOC 791: SPECIAL TOPICS OR SEMINARS

This form should be used for requests to offer SOC 791 Special Topics Regularly Scheduled courses (i.e., not independent reading and research courses) and for Seminar courses. Such requests will be reviewed by the Graduate Committee. Use extra pages as needed to supply information.

TITLE OF COURSE: _________________________________________________________________________

INSTRUCTOR: ___________________________________________ Date: ____________________

PROPOSED SEMESTER: [ ] Fall [ ] Spring [ ] Summer Year: _______

ANTICIPATED ENROLLMENT: _______

GRADUATE AREA/S OF CONCENTRATION OF COURSE: ___________________________________________

________________________________________________________________________________________

PREREQUISITES (if any): _____________________________

COURSE JUSTIFICATION AND OBJECTIVES (reasons for offering the class; role in graduate curriculum; one time only or prospective regular class): __________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

DRAFT OF CATALOG DESCRIPTION (to be used in describing or advertising the class to potential students): ________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

PROPOSED TOPICS, TEXTS AND MAIN ELEMENTS OF EVALUATION: _________________________________

________________________________________________________________________________________

________________________________________________________________________________________

RESOURCES NEEDED (include statement about impact of proposed course on instructor’s current graduate and undergraduate commitments): _________________________________

________________________________________________________________________________________

________________________________________________________________________________________

CONSULTATION WITH OTHER FACULTY OR DEPARTMENTS:
--Will course duplicate current graduate courses in the department or university?
--Has proposed course been reviewed by faculty in graduate concentration area?

APPROVED BY:_______________________________________________ DATE: ______________________