



Office of the Registrar / 200 West Kawili St. Hilo, HI 96720-4091 / Student Services Center, First Floor Rm 101 / Phone: (808) 932-7447 / Fax: (808) 932-7448 / E-mail: uhhro@hawaii.edu

Instructions: Special topics may be offered up to twice. Experimental courses may be offered only once. Special topic course numbers will end in 94. Experimental courses offered in fall will end in 97. In spring and/or summer will end in 98.* Form must be submitted for each term offered.

*NOTE: In cases where a department wants to offer a course for an additional term outside of the normal course repeatable offering, a department may offer the course for one additional term as long as the formal campus curricular review process has been initiated. Review will have been initiated when the approval form has been completed and submitted to the first reviewing body. In such circumstances, the New Approval Form must be attached to the Special Topics/Experimental Course Proposal.

Course Information:

Semester & Year: [radio] Fall 20 [radio] Spring 20 [radio] Summer 20
DEADLINES: March 1[Current Year] September 30[Preceding Year] December 1[Preceding Year]
Deans may have earlier deadlines Term: [radio] I [radio] II OR [radio] Other: _____ to _____

Choose one: [radio] Special Topics [radio] Experimental Course Course Alpha: _____ Credit Hours: _____

Course Level: [radio]100 [radio]200 [radio]300 [radio]400 [radio]500 [radio]600 [radio]700

Full Course Title: _____

Banner Title: _____
(Max 30 characters - abbreviate if longer)

- Special topic course titles will begin with Sp Top:
Experimental course titles will begin with Exp:
Banner Title is a maximum of 30 characters, including spacing and beginning of course title listed above.

[checkbox] Cross-list Alpha: _____ Cross-list alpha approval: _____ Date: _____
(Email attachment accepted)

Repeated Course Only:

Only Special Topics may be offered twice. This information is necessary to determine repeat grades/credits.

Term: _____ Year: _____ Course Alpha & Number: _____

[checkbox] COURSE SYLLABUS MUST BE ATTACHED FOR CURRICULUM DOCUMENTATION

Appropriate Approving Signatures:

Instructor's Name: _____ Email: _____ @hawaii.edu

Instructor's Signature: _____ Date: _____

Dept. Chair's Approval: _____ Date: _____

Div. Chair's Approval: _____ Date: _____

Dean's Approval: _____ Date: _____

[checkbox] Send copy of form via email (uhhro@hawaii.edu) and original form to the Office of the Registrar for processing

[checkbox] Log on Excel [checkbox] SCABASE [checkbox] SCACRSE [checkbox] SCADETL Date Processed: _____