

Western Oregon University
Request for Temporary Course Approval

Department _____ Division Natural Sciences and Mathematics

Prefix & Number _____ Title _____ Credits _____

Desired Term(s) and Year for Temporary Approval _____

Description and Prerequisites (Submit a copy of the course outline with this request):

Justification for temporary approval:

I recommend temporary approval of this course as stated above.

Division Chair _____ Date _____

Dean _____ Date _____

Provost _____ Date _____