MONTCLAIR STATE UNIVERSITY
OFF-CAMPUS COURSE REQUEST FORM

Date submitted: __________________________

1. Course alpha code and number: __________________________

2. Course title: __________________________

3. Course prerequisites/restrictions: __________________________

4. Begin and end dates: __________________________

5. Meeting days: __________________________

6. Begin and end times: __________________________

7. Semester hours: __________________________

8. Semester for course offering: __________________________

9. Instructor Name: __________________________
   Instructor Name: __________________________

10. Location (name of site): __________________________
    Address: __________________________

    Contact Person: __________________________ Phone Number: __________________________

11. Payment Terms (Check one):
    Student: ___
    Company (Provide any special payment arrangements and billing name and address):

    Grant (Attach signed/approved Grant Tuition Waiver form): ___
    Other (Please specify): __________________________

    _____________________________________________________________________________

Approved by

Department Chair __________________________ Date: __________
   (signature and print name)

College/School Dean: __________________________ Date: __________
   (signature and print name)

Associate Vice President for Academic Affairs for Curriculum and Instruction

Curriculum Administration
10/04/2004