

**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