

SPECIAL STUDIES COURSES

COURSE INFORMATION FOR GWS 98/198

Please check one or both: GWS 98 GWS 198

Semester/Year: _____ Units: _____

Course Title: _____

Coordinator(s) names: _____

Lead Coord Email Address: _____ Phone #: _____

Faculty Sponsor: _____

Room requested: (Please remember that location you requested will not always be available. Room requested must be submitted by the second week of class).

Day: _____ Time: _____ Location: _____

Office use only:

Course: _____ Section: _____ Course Control #: _____

Course: _____ Section: _____ Course Control #: _____

Location: _____

Please note: This form must be submitted one semester in advance of offering the course.

