

COLLEGE COURSE OR CONTINUING EDUCATION REQUEST

Name _____ Date _____

Department _____

Region 11 Ivy Tech Course _____ Yes _____ No

COURSE DATA:

Number and title _____

Days & Times _____

_____ Graduate _____ Undergraduate

Start Date: _____ End Date _____

GENERAL FEE:

Credit Hours _____

Cost per credit \$ _____

TOTAL \$ _____

INSTITUTION DATA:

Name _____

Address _____

Accredited by: _____

OBJECTIVE:

Degree Objective: _____ YES _____ NO Credit Hours Remaining: _____

Level (ex. AS, BA, MA,) _____ Anticipated Graduation Date: _____

Credit Hours Required for Degree: _____ Required or Elective Course? _____

Personal objective - Describe the expected outcome from taking the course. What impact will it have on your organizational unit or the college?

Note: For attendance at a private or out-of-state college or university, the College may reimburse up to but not to exceed the in-state general credit hour fee of the state college or university in close proximity offering a similar course. (See online handbook for more details.)

Employee Signature _____

APPROVAL:

1. _____

Exec. Dir. of Human Resources

Date

Assigned number _____