

**The Ohio State University**  
**Graduate Interdisciplinary Specialization in College and University Teaching**  
**Course Approval Form**

**I. Instructor Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Department/Program

\_\_\_\_\_  
Campus Address

\_\_\_\_\_  
Email (osu.edu)

Telephone

**II. Course Information**

\_\_\_\_\_  
Course Name

\_\_\_\_\_  
Course Number

\_\_\_\_ # of credit hours

\_\_\_\_ Independent Study

Specialization category (check one)

\_\_\_\_ Discipline-Based Teaching Course

\_\_\_\_ Mentored Teaching Experience  
(mentor: \_\_\_\_\_)

\_\_\_\_ Elective Course

Quarter(s) offered (check all that apply)

\_\_\_\_ Summer

\_\_\_\_ Autumn

\_\_\_\_ Winter

\_\_\_\_ Spring

Type of course (check one)

\_\_\_\_ Regular

\_\_\_\_ Arranged (check one)

\_\_\_\_ Group (# of students \_\_\_\_\_)

Course offering

\_\_\_\_ annually

\_\_\_\_ every other year

\_\_\_\_ Other (\_\_\_\_\_)

\_\_\_\_\_ # of seats available for non -

majors:

**Please complete Part III on next page**

**III. Course description** (for people outside of discipline, 300-word maximum)

Please attach to syllabus and submit to Alan Kalish  
260 Younkin  
1640 Neil Avenue  
CAMPUS

fax: 688-5496  
Kalish.3@osu.edu