

The Ohio State University
Graduate Interdisciplinary Specialization/Minor 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

Semester(s) offered (check all that apply)

Specialization category (check one)

_____ Discipline-Based Teaching Course

_____ Mentored Teaching Experience

(mentor: _____)

_____ Elective Course

_____ Summer

_____ Autumn

_____ Spring

_____ May

Type of course (check one)

_____ Regular

_____ Arranged (check one)

_____ Group (# of students _____)

_____ Independent Study

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