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

Specialization category (check one)
   ____ Discipline-Based Teaching Course
   ____ Mentored Teaching Experience
      (mentor:____________________)
   ____ Elective Course

Type of course (check one)
   ____ Regular
   ____ Arranged (check one)
   ____ Group (# of students ____)
   ____ Independent Study

Semester(s) offered (check all that apply)
   ___ Summer
   ___ Autumn
   ___ Spring
   ___ May

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