

**Texas Tech University  
Office of the Provost**

**Self-Supporting Course Information and Approval Form**

**(Do not use for courses submitted for formula funding (see OP 36.06 A) or for Study Abroad Courses (see OP 34.20, Study Abroad Proposal Form))**

DIRECTIONS: Please provide as much of the information requested as possible. In those instances where the information is not yet available, please write in "to be determined."

**1. Course Information:**

a. Number, Section, and Title: \_\_\_\_\_

b. Credit Hours: \_\_\_\_\_

c. Type (check one):

Self-Supporting Course Offered in Texas \_\_\_\_\_ Out-of-State Face-to-Face \_\_\_\_\_

International Face-to-Face \_\_\_\_\_ Out-of-State Online \_\_\_\_\_

International Online \_\_\_\_\_ Out-of-State Interactive Video \_\_\_\_\_

d. Level (check one or both if piggyback sections):

Graduate: \_\_\_\_\_

Undergraduate: \_\_\_\_\_

e. Faculty Member of Record:

Name, College/School, Department \_\_\_\_\_

List co-instructors, if any

f. Physical Address of Delivery Site:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code (if U.S.): \_\_\_\_\_

Country: \_\_\_\_\_

g. Instruction begin date: \_\_\_\_\_ End date: \_\_\_\_\_

h. Class meeting times if face-to-face or interactive video \_\_\_\_\_

i. Course is to be given as (check one)

Part of a degree program \_\_\_\_\_

Part of a certification or relicensure requirement \_\_\_\_\_

Other (specify)

**2. Needs Assessment Information:**

a. How was the demand for this course section determined?

b. What is the projected enrollment for this course section?

**3. Please itemize estimated student fees for faculty salaries, travel, equipment and materials, and miscellaneous expenses:**

**APPROVALS:**

Department Chairperson: \_\_\_\_\_ Date \_\_\_\_\_

Dean of College: \_\_\_\_\_ Date \_\_\_\_\_

Dean of Graduate School: \_\_\_\_\_ Date \_\_\_\_\_

(graduate courses only)

Vice Provost for Distance Education: \_\_\_\_\_ Date \_\_\_\_\_

Provost: \_\_\_\_\_ Date \_\_\_\_\_