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 _________________________________

Attachment B 
OP 36.06 
2/23/16