Student Coordinator’s Name: ___________________________ Date: ___________
E-mail: ___________________________ SID: ___________
Registered in College/School of ___________________________
Major: ___________________________

Semester for UGBA 198: ☐ Fall ☐ Spring 20___
Units: ______

Faculty Sponsor’s Name: ___________________________

Preferred 198 Day & Time (list three options in order of preference):

Expected Enrollment: ___________________________

*Attach the course proposal and syllabus, indicating the type of study, the semester work plan, time line and the criteria for evaluation.*

As the instructor of record for this course, I verify and agree to the following:

The course has explicit academic requirements, beyond classroom attendance, for receiving credit;
The course will adhere to the regularly scheduled meeting times;
I have reviewed and approved the attached version of the course syllabus;
I have established a mechanism for keeping accurate records and documentation for awarding of credit;
I will insure that all copyright laws are adhered to.
I will be involved in the student-run course and oversee the student coordinator (if applicable);
I am sponsoring only one UGBA 198 course this semester.

__________________________
Signature of Faculty Sponsor

You will be notified via e-mail within five business days

Petition: ☐ approved ☐ denied

__________________________
Undergraduate Program

__________________________
Date

__________________________
Section No. 198 Control No.