



SPECIAL TOPICS COURSE APPROVAL

STC

USC Columbia, Lancaster, Salkehatchie, Sumter & Union campuses

INSTRUCTIONS: This form is used to request approval to offer special topics courses designated with a distinct title that clearly identifies the topic of the course to be taught. This form is available online at www.sc.edu/provost/acadprog.

Date: _____

Campus: _____ College/School: _____

Department (if applicable): _____

Undergraduate Graduate

COURSE INFORMATION

Course Designation: _____
4-letter Designator Course Number # Credit Hours

Section Number: _____

Course Title: _____

Course Description: (50 word limit)

Cross-listed with which course? _____
4-letter Designator Course Number

Course Delivery Location: USC Campus Off-Campus site
(If off-campus delivery is being requested, please consult [International Programs](#) or [Off-Campus Programs](#).)

Course Delivery Method: Traditional Delivery Distributed Learning Delivery* (streaming video, web-based, CD/DVD)
**If distributed learning delivery is being requested for the first time, the course must first be submitted as a course change proposal via [APPS](#) for approval in addition to the STC approval. If prior distributed learning delivery approval has been granted, a review and signature by Distributed Learning Support Services is required.*

Course Scheduling: Regular Session Schedule Exception
(If a schedule exception is being requested, attach a completed Schedule Exception Request (SER) form.)

Proposed Effective Term for change to Special Topics course:

Year: _____ Fall Spring Summer Specify Summer Session: _____
Days _____ Time _____ Est. # of Students _____

INSTRUCTOR INFORMATION

Name of Instructor: _____
Print Name *Email Address* *Phone Number*

If this is a graduate course, is the faculty member in the regular Graduate Faculty or Term Graduate Faculty database?

Yes No

REQUIRED ATTACHMENTS (The following documents **must** be attached to this form before submission)

Schedule Exception Request(SER) Form (if appropriate)

CONTACT INFORMATION

Contact Person:

_____	_____
<i>Print name</i>	<i>Title</i>
_____	_____
<i>Email Address</i>	<i>Phone Number</i>
_____	_____
<i>Signature</i>	<i>Date</i>

REQUIRED APPROVALS

Department Chair:

_____	_____	_____
<i>Print name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Email Address</i>	<i>Phone Number</i>	

Academic Dean:

_____	_____	_____
<i>Print name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Email Address</i>	<i>Phone Number</i>	

Dean of the Graduate School (as appropriate):

_____	_____	_____
<i>Print name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Email Address</i>	<i>Phone Number</i>	

Distributed Learning Support Services (as appropriate):

_____	_____	_____
<i>Print name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Email Address</i>	<i>Phone Number</i>	