GSMU Request for Course Creation

Name of Course _____

Instructor _____

Course Description (detailed)_____

_____

_____

_____

Start Date_____ End Date_____ Registration Close Date_____

If multiple sessions, please list all start and end dates and registration close dates_____

_____

Price of Course $_____ # of Participants: Min_____ Max_____

Online   Face to Face

Location if F2F_____

F2F Start time_____   F2F End time_____

CEU's   # _____   SEMI's   # _____   OSL   # _____

Has CEU/SEMI/OSL application been approved and on file? Yes   No

Must be approved and on file prior to course being created.

Is BIO of instructor on file? Yes   No   If no, please add BIO below

_____

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