

CREDIT OUTREACH COURSE INFORMATION UNIVERSITY OF WISCONSIN-MILWAUKEE

Check One: Fall Semester, Spring Semester, Summer Session, 20

Section 1 Course Information

Credit Course Number _____

Section Number (Off-Campus) _____

Section Number (On-Campus) _____

Attach justification for on-campus courses.

Course Title: _____

Expense Fund (Complete UDDS # Field)

	Revenue Fund	Instructor Code
101-B-__-__	131	1
189-B-__-__	189	2-5 or A-D
128-B-__-__	128	6

Number of Credits: _____

Type of Program- Check One

- 1 Lower Division Undergraduate Credit
- 2 Upper Division Undergraduate Credit
- 3 Lower & Upper Division Undergraduate Credit
- 4 Graduate Credit
- 5 Both Graduate & Undergraduate Credit

Category: Check One

- IA - Part of Interinstitutional Agreement between UWM and another campus
- RP/F – Regular Program/Fieldwork
- SS – Courses aimed primarily at Special Students
- HS – Courses offered to High School Students.

Instructional Hours: _____

Tuition: _____

Graduate _____ Undergraduate _____

City/County: Milwaukee/Milwaukee

Building/Room No.: _____

Address: _____

Starting Date: _____ Ending Date: _____

Meeting Hours: _____ to _____

Number of Meeting Days: _____

Days of the Week: _____

Estimated Enrollment: _____

Program Coordinator: _____

Telephone: _____

Section 2 Signatures

Dept
Chairperson _____ Date _____

Dean _____ Date _____

Dean
Graduate School _____ Date _____

Dean, Cont. Ed. _____ Date _____

Section 3 Instructor Information

Part of Load or Study Abroad: Complete "Name and Appointment" Only

Overload, Purchased Load, Ad Hoc, or Outreach: Complete entire section

Instructor Appointment		Off Campus	On-Campus
Part of Load	(101 Fund)	1	--
Overload	(189 Fund)	2	A
Purchased Load	(189 Fund)	3	B
Ad Hoc	(189 Fund)	4	C
UWM Faculty Outreach	(189 Fund)	5	D
Study Abroad	(128 Fund)	6	--

Name: _____
Appointment: _____ Total Fees \$ _____
Contingent upon sufficient enrollment

Name: _____
Appointment: _____ Total Fees \$ _____
Contingent upon sufficient enrollment

Name: _____
Appointment: _____ Total Fees \$ _____
Contingent upon sufficient enrollment

Name: _____
Appointment: _____ Total Fees \$ _____
Contingent upon sufficient enrollment