This form is required prior to scheduling any class that incorporates travel within the United States.

<table>
<thead>
<tr>
<th>Term Planned</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td></td>
</tr>
<tr>
<td>Spring</td>
<td></td>
</tr>
<tr>
<td>Summer</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Lead Faculty Member</th>
<th>Department</th>
<th>Email</th>
<th>Phone Ext.</th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Program Location</th>
<th>Cooperating University (if any)</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Subject</th>
<th>Course</th>
<th>Section</th>
<th>Title</th>
<th>Instructor(s)</th>
<th>Last Name, First</th>
<th>UID(s)</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Class Section Start Date</th>
<th>Class Section End Date</th>
<th>Dates of Travel (if different than section dates)</th>
<th>Credit Hours</th>
<th>Max Enroll</th>
<th>Y</th>
<th>N</th>
<th>Charge Existing Course Related Fees*</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

*By indicating ‘N’ (for course related fees), you are indicating that approved course-specific fees do not apply to this offering.

<table>
<thead>
<tr>
<th>Meeting Pattern (if applicable)</th>
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</table>

If the course will include a non-travel component, check the appropriate course delivery method below

- Face-to-Face On-Campus
- Face-to-Face Off-Campus
- Blended (Up to 99% online content)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>R</th>
<th>F</th>
<th>S</th>
<th>U</th>
<th>Start Time</th>
<th>End Time</th>
<th>Off Campus Site or On Campus Building/Room</th>
</tr>
</thead>
<tbody>
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</table>

| Additional Comments/Instructions: |

<table>
<thead>
<tr>
<th>This program and course are approved by:</th>
</tr>
</thead>
</table>

Department Chair (Print) | Signature | Date |
|-------------------------|-----------|------|

Academic Dean (Print) | Signature | Date |
|----------------------|-----------|------|

Educational Outreach Director (Print) | Signature | Date |
|------------------------------------|-----------|------|

Provost & V.C. for Academic Affairs Representative | Signature | Date |
|--------------------------------------------------|-----------|------|

<table>
<thead>
<tr>
<th>Office Use</th>
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<tbody>
<tr>
<td>Attr.</td>
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<tr>
<td>--------</td>
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<tr>
<td>IT</td>
</tr>
<tr>
<td>TC</td>
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<tr>
<td>CRN</td>
</tr>
</tbody>
</table>

Send to: Educational Outreach, SIUE Campus Box 1084 or by Fax to 650-2629