



Project SOCRATES
104 Lillian Drive
Mankato, MN 56001-1751
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COURSE REQUEST

Name of person initiating request: _____

Phone: _____ Fax: _____ E-mail: _____

Request Date: _____

Course Title: _____

Course Level: _____

Course Prerequisites: _____

Course Instructor: _____

Instructor Qualifications: _____

Number of Students at Origination Site: _____

Maximum Number of Total Students: _____

Maximum Number of Total Sites: _____

Time of Day: _____

Length of Class: _____

Dates of Class: _____

Special Needs for Classroom: _____

Textbook Special Arrangements: _____

Special Teaching Supplies Needed at Each Site: _____

Grad Rule Requirement Area of Class: _____

Other information: _____
