















**Press Release \***

If you receive an award, may we release the GRG and instructor's names and the course department number in an award press release?

- Yes
- No

**Course evaluation participation \***

By selecting the box, you assent to the evaluation of this program through the course of the semester. For details, please see the program details [here](#).

- I Agree

**Department Approval \***

I affirm that my department chair/director has approved this request.

- Yes
- No

**Department Chair/Director Name \***

**Department \***

**Chair/Director Email Address \***

**Date Approval was Obtained \***

Month ▼ Day ▼ Year ▼

**Will class be cross-listed? \***

- Yes
- No

