



# SPECIAL TOPICS COURSE APPROVAL

# STC

USC Columbia, Lancaster, Salkehatchie, Sumter & Union campuses

**INSTRUCTIONS:** This form is used to request approval to offer special topics courses designated with a distinct title that clearly identifies the topic of the course to be taught. This form is available online at the Provost website [Special Topics Course](#)

Date: \_\_\_\_\_

Campus: \_\_\_\_\_ College/School: \_\_\_\_\_

Department (if applicable): \_\_\_\_\_

Undergraduate       Graduate

## COURSE INFORMATION

Course Designation: \_\_\_\_\_  
4-letter Designator      Course Number      # Credit Hours

Section Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Description: (50 word limit)

Cross-listed with which course? \_\_\_\_\_  
4-letter Designator      Course Number

Course Delivery Location:     USC Campus     Off-Campus site  
*(If off-campus delivery is being requested, please consult [International Programs](#) or [Off-Campus Programs](#).)*

Course Delivery Method:     Traditional Delivery     Distributed Learning Delivery\* (more than 50% online, web-based, or streaming video)

*\* If distributed learning delivery is being requested for the first time, the course must first be submitted as a course change proposal via [APPS](#) for approval in addition to the STC approval.*

Course Scheduling:     Regular Session     Schedule Exception

*(If a schedule exception is being requested, attach a completed Schedule Exception Request (SER) form.)*

Schedule Exception Request(SER) Form (attach if appropriate)

Effective Term for Special Topics Course:

Year: \_\_\_\_\_  Fall  Spring  Summer Specify Summer Session: \_\_\_\_\_

Days \_\_\_\_\_ Time \_\_\_\_\_ Est. # of Students \_\_\_\_\_

## INSTRUCTOR INFORMATION

Name of Instructor: \_\_\_\_\_  
*Print Name* *Email Address* *Phone Number*

## CONTACT INFORMATION

Contact Person: \_\_\_\_\_  
*Print name* *Title*  
\_\_\_\_\_  
*Email Address* *Phone Number*  
\_\_\_\_\_  
*Signature* *Date*

## REQUIRED APPROVALS

Department Chair: \_\_\_\_\_  
*Print name* *Signature* *Date*  
\_\_\_\_\_  
*Email Address* *Phone Number*

Academic Dean: \_\_\_\_\_  
*Print name* *Signature* *Date*  
\_\_\_\_\_  
*Email Address* *Phone Number*