PILOT COURSE REQUEST

WESTFIELD STATE UNIVERSITY
OFFICE OF THE REGISTRAR

The following course is to be offered on a pilot basis:

Semester: ☐ Fall Year: _____

☐ Spring Number of Sections: _____

Course Prefix/Number:	Course Title:	Credits:
Instructor Name:	Max. Enrollment:	
Please indicate day and time of offering (list room only if a special request)		

Do you plan on submitting this pilot through governance YES or NO

Rational for Offering Course:

Course Description (please attach a sample syllabus):

Approved by: _____ _____
Department Chairperson Date

Reviewed by: _____ _____
Dean of Undergraduate Studies Date

Approved by: _____ _____
Vice President, Academic Affairs Date

Revised 9/2009