

Please use the following fields to document the Department and College level support for a new Quest course. These fields are to be filled out by the Department Chair, Associate Dean or designee.

Quest Level	Course Title
_____	_____
Projected Semester & Year	Instructor
_____	_____
Description of Course	

Department Chair	

Department	E-mail
_____	_____
Comments	

Associate Dean	

College	E-mail
_____	_____
Comments	