

**Individual Course Form  
The University of Georgia**

**Tuition Return** (This course has been approved for tuition return.)

This form must be completed for each course prior to instruction in order to facilitate tuition return for the course.

**Name of Program Approved for Tuition Return:** \_\_\_\_\_

(Name of program as it appears on the Tuition Return Programs list at [www.curriculumsystems.uga.edu](http://www.curriculumsystems.uga.edu).)

**Off-Campus** (No tuition will be returned.)

1. The Department of \_\_\_\_\_ plans to offer the following tuition return course during Fall \_\_\_\_\_ Spring \_\_\_\_\_ May \_\_\_\_\_ Summer \_\_\_\_\_ Semester(s), 20\_\_\_\_.

2. Course: Prefix \_\_\_\_\_ Number \_\_\_\_\_ Title \_\_\_\_\_  
Credit Hours \_\_\_\_\_ Prerequisites or Special Conditions \_\_\_\_\_

3. Instructor \_\_\_\_\_ Academic Rank \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Regular Faculty, UGA \_\_\_\_\_  
\_\_\_\_\_ Temporary Faculty, UGA \_\_\_\_\_  
Non-UGA (Indicate College) \_\_\_\_\_ \*Graduate assistants may not be scheduled to teach graduate courses.

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Salary Arrangements: Complete \_\_\_\_\_ Incomplete \_\_\_\_\_

4. Location of Class: City \_\_\_\_\_ Building \_\_\_\_\_ Room Number \_\_\_\_\_  
Local Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

5. Registration: Place \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

6. To be Registered by Registrar's Office: Field Course \_\_\_\_\_ Other \_\_\_\_\_

7. Class Schedule: Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Other \_\_\_\_\_  
Day of Week \_\_\_\_\_ Class Meeting Hours \_\_\_\_\_ Number of Class Meetings \_\_\_\_\_  
First Class Meeting Date \_\_\_\_\_ Last Class Meeting Date \_\_\_\_\_

8. Adequate library facilities and materials are available or will be made available for this course. Yes \_\_\_\_\_ No \_\_\_\_\_  
Library materials to be used for this class are located: \_\_\_\_\_

9. Estimated Enrollment: \_\_\_\_\_

10. Fees to be Paid: \_\_\_\_\_ by Student \_\_\_\_\_ Other \_\_\_\_\_  
(Specify)

11. Approvals: Department Head \_\_\_\_\_ Date \_\_\_\_\_  
Dean \_\_\_\_\_ Date \_\_\_\_\_  
Graduate School \_\_\_\_\_ Date \_\_\_\_\_  
Senior VP Finance \_\_\_\_\_ Date \_\_\_\_\_  
and Administration  
SVPAA and Provost \_\_\_\_\_ Date \_\_\_\_\_