Psychology
DeCal Course Information

This form must be submitted as part of the DeCal proposal package.

Course Title: ________________________________________________________________
Faculty Sponsor: __________________________________________________________

Facilitators’ Contact Information (required):

Name: ___________________________________________  Student ID #: _______________
Email: ___________________________________________  Phone #: ____________________
Name: ___________________________________________  Student ID #: _______________
Email: ___________________________________________  Phone #: ____________________
Name: ___________________________________________  Student ID #: _______________
Email: ___________________________________________  Phone #: ____________________

Scheduling (3 preferences required):

These must by during one of the standard times. Include start and end times (see image below).
Room requests are no longer taken unless it is Tolman (include this in “Comments”).

First Time/Day(s) Preference: ____________________________
Second Time/Day(s) Preference: __________________________
Third Time/Day(s) Preference: ____________________________

Estimated Enrollment: ________________________________
Comments (include request for room features, room request, or special accommodation here):

========================================================================================================
Course number: _________________  Section number: _________________
Assigned schedule (day, time and room):

Note: 4:00-5:30 PM is no longer a standard time block as of Fall 2016.