

HIP Course Designation Cover Sheet

Faculty Name:					
UCF Email:					
Department/Unit:					
College:					
Which Designation are you seeking?					
Integrative-Learning	,		Intensive	Se	ervice-Learning
Experience (IE)	(R		RI)		(SL)
Are you seeking a Course or Section-Level designation? (Section-level designations are limited to the applying professor's sections, while course-level designate all sections of the course.)					
Course-Level Designation:			Section-Level Designation:		
			If section-level & already scheduled, please provide**		
			Class Number:		
			Course Section:		
Full Course Title:					
Course Prefix &					
Number:					
(if existing) Enrollment per					
section:					
(estimated)					
Is this a new or existing course?			Is this application for a course sequence? (IE Designation Only)		
New:	Existing:		Yes, this application is f courses that meet the together.	or several	No, just one course.

^{**} not required