



*The UNIVERSITY of OKLAHOMA*  
*Institute for the Study of Human Flourishing*

## Course Proposal Form

*Text fields outlined in red are required.*

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### APPLICANT INFORMATION

First Name Date

Last Name

Academic Title

Email Address Phone

Campus Mailing  
Address

Department Name

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### COURSE INFORMATION

Proposal Type **New Course** Course Number  
(Select one) **Redesigned Course** (if applicable)

Course Name

List of Attachments  
(Please list all the files  
included with this proposal.)

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### FOR OFFICE USE ONLY

Status Date

Status Date

Proposal Approved By Date

Stipend Approved By Stipend  
Amount

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