INSTRUCTOR APPROVAL REQUEST FORM
For Non-Graduate Faculty Teaching a Graduate-Level Course

Please approve _______________________________ as instructor for
(Instructor’s Name)

__________________________________________, __________ credits,
(Course Prefix/Number/Title) (# of Credits)

to be taught at _________________________________________________________
(Location)

for the __________________________________________________________________ semester.
(Year/Semester)

Starting date of the course: __________________________________________________________________

Degree held and discipline of proposed instructor: ________________________________
______________________________________________________________

PLEASE NOTE: A copy of the instructor’s curriculum vitae must be included with this request.

According to Graduate Council policy, all graduate-level courses (excluding 597 and 598P) will automatically be disapproved if the request reaches the Graduate School after the starting date of the course.

APPROVAL:

CHAIR, Department of: _______________________________    ____________________________
(Signature)                                               (Date)

DEAN, College of: ___________________________________
(Signature)                                               (Date)

DEAN, Graduate School: _______________________________
(Signature)                                               (Date)

SEND TO:  Graduate School
Stop 8075
Fax: 282-4847
Phone: 282-2150