

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

Please approve _____ as instructor for
(Instructor's Name)

(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: _____ 8/01/2022
(Signature) (Date)

DEAN, College of: _____ 8/23/2022
(Signature) (Date)

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

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