

# EASTERN OREGON UNIVERSITY

## Online

### Course/Instructor Approval Request

CRN	Prefix	No.	Course Title	Cr. Hrs.	Cost

Class Location:			Course previously approved?	___yes ___no
Date(s):			Term/Year:	
Time(s):			Same Instructor:	___Yes ___no

Syllabus attached?			Grading method:	___ A-F ___ S/U ___ Both
Text:			Author:	
Publisher:			ISBN:	

Instructor:		Soc. Sec. No.:	
Address:		Email address:	
Work phone:		Home Phone:	
Instructor previously approved?	___ yes ___ no Date: _____	Instructor resume attached?	___yes ___ no on file

Other course/instructor information:

Course requested/submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 FAX: \_\_\_\_\_

-----For Approving Dean's Signature-----

Credit approved: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Credit not approved: \_\_\_\_\_

Comments: (Include options to be considered, revisions, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Instructor Salary: \_\_\_ Inload \_\_\_ Overload \_\_\_ N/A, Adjunct

cc: School  
 DDE Course File  
 Instructor File  
 Center Coordinator

Rec'd ACA \_\_\_\_\_  
 To School \_\_\_\_\_  
 Returned \_\_\_\_\_

To EPCC \_\_\_\_\_  
 Returned \_\_\_\_\_  
 Approved \_\_\_\_\_

CourseApprovalForm