

EASTERN OREGON UNIVERSITY
 Division of Distance Education
Course/Instructor Approval Request

CRN	Prefix	No.	Course Title	Cr. Hrs.	Cost

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

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

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

Other course/instructor information:

Course requested/submitted by: _____ Date: _____
 Address: _____ Phone: _____
 FAX: _____

Instructor submitting this request agrees to the conditions of the current *DDE Memo of Expectation and DDE Guidelines*.

-----**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 Rec'd DDE _____
 To Academic Dean _____
 Returned/rec'd at DDE _____
 Requestor notified _____