

University of Alaska Fairbanks
College of Rural and Community Development

INSTRUCTOR APPROVAL REQUEST

SUBMITTED BY

| | | | |
|-------------------|--|---------------------|--|
| Campus/Department | | College/School | |
| Prepared by | | Phone | |
| E-mail Contact | | Proposed Instructor | |

PLEASE NOTE: INSTRUCTOR VITA/RESUME MUST BE ATTACHED

COURSE IDENTIFICATION

| | | | | | |
|------------------------|--|---------|--|----------------|--|
| Approval Requested for | | | | | |
| Dept | | Course# | | No. of Credits | |
| Course Title | | | | | |

Have you verified that the student learning outcomes are going to be met for this course?

yes no

If no then explain

| |
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| |
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SEMESTER COURSE IS BEING OFFERED

| | | | |
|--|-----------|--|--|
| | Beginning | | in the semester and future semesters as needed |
|--|-----------|--|--|

DATE/PLACE OF OFFERING

| | | |
|----------------------------|--|--|
| Date of Offering | | |
| Beginning and Ending Dates | | |
| Place/Campus of Offering | | |

Has instructor taught for University of Alaska previously? yes no

When?

| |
|--|
| |
|--|

Where?

| |
|--|
| |
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What Course(s)?

| |
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| |
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Is the instructor being paid by UAF to teach this course? yes no

Approvals

| | | |
|--|------------|--|
| | Date | |
| Chair of _____ | Department | |
| | Date | |
| Coord. College/Approving Dean of _____ | | |
| | Date | |
| CRCD Dean | | |