

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		Notes	

PLEASE NOTE: INSTRUCTOR VITA/RESUME MUST BE ATTACHED

COURSE IDENTIFICATION

Approval Requested for

Dept		Course#		No. of Credits	
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Course Title

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

yes no

If no then explain

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?

What

Course(s)?

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

Approvals

<input style="width: 510px;" type="text"/>	Date	<input style="width: 100px;" type="text"/>
Chair of _____ Department		
<input style="width: 510px;" type="text"/>	Date	<input style="width: 100px;" type="text"/>
Coord. College/Approving Dean of _____		
<input style="width: 510px;" type="text"/>	Date	<input style="width: 100px;" type="text"/>
CRCD Dean		