

Please Note: This form should be completed at least two weeks before the first class meets.

PART A (To be filled out by the faculty member)

Name: _____

Teaching Area: _____

Academic Year: _____ - _____ Quarter/Semester: Summer Fall Winter Spring

Name of Institution Where You Wish to Take a Class: _____

Course Name and Number: _____

Course Description: _____

Credit: _____ Semester Hours _____ Quarter Hours Tuition Cost: \$ _____

I hereby certify that I am not receiving financial reimbursement for this course from any other source.

Faculty Signature _____ Date _____

PART B (To be filled out by the Dean/Chairperson/Director)

Approved ***This class meets all the guidelines listed in the "Faculty Development — Off-Campus Classes" section (For Faculty Requesting Reduced Work Load) of the University Policy Manual.***

Disapproved

State Reasons: _____

Dean/Chairperson/Director's Signature _____ Date _____

PART C (To be filled out by the Provost)

Approved

Disapproved

State Reasons: _____

Provost's Signature _____ Date _____

PART D (To be filled out by the Controller)

Account#: 10-5620-6790-0002

Received in the Controller's Office by:

(Signed) _____ Date _____

PLEASE NOTE: When signed by the Controller, a copy of the form is to be returned to the faculty member.