

**REQUEST FOR APPROVAL OF PRACTITIONER
TO TEACH GRADUATE COURSES**
(ATTACH RESUME IF THIS IS INITIAL REQUEST)

Practitioner's Name:

Dept:

Highest Degree:

**Course this practitioner will teach:
Term/Year:**

**Number
of Credits:**

Initial requests for approval must be accompanied by a resume, Based on the resume and the individual's professional experience, summarize in the box below those significant qualifications relevant to teaching the above course.

Please submit a separate form for each course to the College Dean and Director of Graduate Studies during the term prior to the assignment.

Submitted by: _____ Date: _____
Department Chair

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APPROVALS:

_____ Date: _____
College Dean

_____ Date: _____
Director of Graduate Studies

Status: I II III

One Time Only: yes no