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| NAME:      | DEPT:      |
| DEGREE (Master’s or equivalent, required):      | 1-YEAR TEACHING EXPERIENCE: |
| TODAY’S DATE:       | SUMMER SESSION: |
| COURSE NAME AND NUMBER:      |
| SUPERVISOR:       |

1. **Complete only for the teaching of an Upper Division Course** (#’s 100 and up); include the following documents:

[ ]  **APSU Bio/Bib,** **signed** [ ]  **CV** [ ]  **Graduate Transcript** [ ]  **Student Evaluations**

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| JUSTIFICATION for request to teach an Upper Division course (must include a statement that the student will be “Instructor in Charge” of the course; individual’s qualifications): |
|       |
| DEPT. VOTE | DATE:       | POSITIVE:       | NEGATIVE:       | ABSTAIN:       | UNAVAILABLE:       |
| ADVISORY VOTE: | DATE:       | POSITIVE:       | NEGATIVE:       | ABSTAIN:       | UNAVAILABLE:       |

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| Department Chair’s Signature | Date |  | Dean’s Signature | Date |

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| Committee on Courses Approval | Date |

1. **Complete for the teaching of a Lower Division Course** under the following conditions:
	1. Associate In \_ who has not taught the same lower division course during the calendar year (Jan – Dec)
	2. Associate In \_ who has never taught the same lower-division course

Include the following documents:

[ ]  **APSU Bio/Bib,** **signed** [ ] **CV** [ ]  **Teaching Evaluations**

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| JUSTIFICATION for request to teach a Lower Division course (must state that the student will be “Instructor in Charge” of the course): |
|       |
| DEPT. VOTE | DATE:       | POSITIVE:       | NEGATIVE:       | ABSTAIN:       | UNAVAILABLE:       |
| ADVISORY VOTE: | DATE:       | POSITIVE:       | NEGATIVE:       | ABSTAIN:       | UNAVAILABLE:       |

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| Department Chair’s Signature | Date |  | Dean’s Signature | Date |