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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: |

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