EASTERN MICHIGAN UNIVERSITY
DIVISION OF ACADEMIC AFFAIRS
GRADUATE SCHOOL

APPROVAL FORM FOR 400-LEVEL COURSES FOR GRADUATE CREDIT

DEPARTMENT/SCHOOL: _____ **COLLEGE:** _____

CONTACT PERSON: _____ **CONTACT PHONE:** _____

CONTACT EMAIL: _____

The following 400-level course is being presented for graduate credit.

(Please submit only one course request per form. If additional space is needed, please attach additional page[s].)

Subject Code, Number and Title _____

Credit Hours _____

During which semester will this course first be offered? _____

Is this a one-time only offering for graduate credit? ____ Yes ____ No

If no, state proposed frequency. _____

How will this course satisfy requirements expected for graduate courses?

Identify different course requirements for, and the different learning outcomes expected of, graduate students at the completion of this course.

Note: A copy of the proposed course syllabus and instructor's current *curriculum vitae* must accompany this request.

Approvals:

_____ _____
Department Head/School Director Signature Date

_____ _____
College Dean Signature Date

Date received in the Graduate School Office : _____

_____ _____
Graduate Dean Signature Date

_____ _____
Associate Vice-President for Academic Programming Signature Date

cc: Graduate Studies & Research
Sherry Winterson