



STUDENT NAME \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

INSTRUCTOR NAME \_\_\_\_\_ INSTRUCTOR ID# \_\_\_\_\_

SEMESTER (F/W/S) and YEAR (i.e. 2019F) \_\_\_\_\_

COURSE TITLE (30 Characters) \_\_\_\_\_

COURSE CODE \_\_\_\_\_

CREDIT HOURS (DVM and Graduate level courses may have 1, 2 or 3 credit hours) \_\_\_\_\_

**COURSE DESCRIPTION**

**METHOD OF COURSE EVALUATION**

**APPROVAL SIGNATURES:**

INSTRUCTOR'S APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

CHAIR'S APPROVAL (if applicable) \_\_\_\_\_ DATE \_\_\_\_\_

DEAN'S APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_