

TEAM TEACHING APPROVAL FORM

Department(s) or Programs(s): _____

Course Number & Name: _____

Term/Year: _____

Faculty Members Involved: _____

Department Chair(s) Signature: _____

How will the course be taught? Enrollment _____

- _____ Teaching sequentially (i.e., first five weeks, second five weeks)
- _____ Both (all) faculty contributing to most/all classes
- _____ Other - please explain

Rationale/Benefit to department, program, College/Grant related/Comments?

Which courses would normally be offered if this course weren't team-taught?

To be completed by the Dean of the College Office

Approved:

Faculty Member

Workload %

_____ Grant Related?
(copy to Grant File)

Liz Ciner, Associate Dean of the College

Date

Comments: