

## TEAM TEACHING APPROVAL FORM

*Please note: In the new curriculum, possibilities for team-teaching are very limited.*

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 %

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Arjendu Pattanayak, Associate Dean of the College

\_\_\_\_\_  
Date

Comments:

Submit to Arjendu Pattanayak, Dean of the College Office