

# T.E.A.C.H. COURSE PRE-APPROVAL FORM

**NAME:** \_\_\_\_\_

**SPONSORING PROGRAM NAME:** \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_

**SEMESTER:** \_\_\_\_\_

**COURSE NUMBER**  
(PLEASE FILL THIS IN)

**COURSE NAME**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

*Please note that we **MUST** receive your course information prior to registration at the college.*