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

NAME: _____

CENTER/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.