



### Off-Campus Short Term Course Approvals

Submitted by instructor:

_____	_____	_____
Print name	Signature	Date

Approved by department/program chair:

_____	_____	_____
Print name	Signature	Date

*If a second instructor:*

Submitted by instructor:

_____	_____	_____
Print name	Signature	Date

Approved by department/program chair:

_____	_____	_____
Print name	Signature	Date

Reviewed by the Financial Office:

_____	_____	_____
Print name	Signature	Date