

Off-Campus / Extra Cost Short Term Course Proposal Approvals

Submitted by Instructor:

_____	_____	_____
Print name	Signature	Date

Proposal reviewed and approved by department/program chair:

_____	_____	_____
Print name	Signature	Date

If a second instructor:

Submitted by Instructor:

_____	_____	_____
Print name	Signature	Date

Proposal reviewed and approved by department/program chair:

_____	_____	_____
Print name	Signature	Date

Reviewed by the Accounting Office - Stephanie Walsh:

_____	_____	_____
Print name	Signature	Date

Review by Global Education - Darren Gallant:

_____	_____	_____
Print name	Signature	Date