



# APPLICATION FOR PRE-APPROVAL OF UNDERGRADUATE COURSE UNITS

## DIRECTIONS

This form is for faculty to request pre-approval for an undergraduate course to be used for column movement. Before completing this form, please read Article 20.D of the District/AFT Contract for explanation of process and deadlines.

## FACULTY INFORMATION

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Educational Background

Your Degree(s): \_\_\_\_\_

## UNDERGRADUATE COURSE INFORMATION

Course Number and Title: \_\_\_\_\_

College: \_\_\_\_\_

Check one:  Fulls, or    
 Log description of this course to this \_\_\_\_\_

W W Z K s > ^

Signature

Date

Department Ch

Recommend  Disapproval (Attach Explanation)

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

s] Z v o o } OE

Appr Rved

Disapproved (Attach Explanation)

Vice Chancellor Name

Signature

Date