



## **COURSE APPROVAL FORM**

NAME OF COURSE:				
TRCC COURSE NUMBER	R AND NAME: _			
COURSE LENGTH:	□SEMESTER	□FULL YEAR	□OTHER (SPECIFY)	
HIGH SCHOOL:				
TEACHER:				
TEACHER APPLICATION	I & CREDENTIALS	S ATTACHED (If A	oplicable): $\square$	
SYLLABUS ATTACHED:				
□COURSE APPROVED	AS SUBMITTED			
□COURSE APPROVED	UNDER THE FOL	LOWING CONDI	TIONS:	
□COURSE NOT APPRO	IVED FOR THE FO	OLLOWING REAS	ONS:	
Faculty Review:	PRINT NAME		Signature – Academic Dean	 Date
Signature		 Date		