

III. **Evaluation** (the specific means and criteria for grade assessment: Written and/or oral tests, term papers, reports, etc.):

IV. **Additional information:**

Part D: Instructor- Semester or term.

Check One Term Date:

____ Fall Full-term ____ Spring Full-term ____ Summer Full-term
____ Fall Part-of-term I ____ Spring Part-of-term I ____ Summer Part-of-term I
____ Fall Part-of-term II ____ Spring Part-of-term II ____ Summer Part-of-term II

Dates outside of the approved academic calendar may be submitted for consideration of approval.

Part E: Signatures and approvals.

Student _____ Date _____

Instructor _____ Date _____

Check here if the course is not in regular course load but seeking permission from the Provost as remuneration. This box is required for all Summer Session contracts.

**** Faculty must submit an electronic copy of course syllabus to the Provost's Administrative Assistant. ****

----- **Complete next section with the Department Chair/Director** -----

_____ The faculty member, or department chair/director, must initial verifying that the student has less than 60 hours remaining to complete a degree. Additionally, has confirmed this agreement fulfills a necessary degree requirement, with no alternative options on the class offerings, to meet a traditional timeline for completion of graduation requirements.

Chair/Director _____ Date _____

----- **Complete this section only when faculty checked box above** -----

VPAA/Provost _____ Date _____