



## COURSE ADD REQUEST – QUALITY IMPROVEMENT PRACTICUM

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Class of: \_\_\_\_\_ Today's Date: \_\_\_\_\_

CLNS 950W
Course Dates: _____ to _____
<p><b><u>*Must check one option*</u></b></p> <p>This student will be completing QIP for</p> <p>____ phase III elective credit</p> <p>OR</p> <p>____ Research Requirement/Scholarly Project</p> <p><b><u>*Agreed upon expectations and/or goals for evaluation (please summarize below):</u></b></p>     
<p>Student Signature: _____ Date: _____</p> <p>Faculty Evaluator Signature: _____ Date: _____</p> <p>Faculty Evaluator Printed Name: _____</p>

*For OMSA use only:* CRN: \_\_\_\_\_ DB: \_\_\_\_\_ INB: \_\_\_\_\_