



COURSE ADD REQUEST – TEACHING FELLOWSHIP

Student Name: _____ ID#: _____

Class of: _____ Today's Date: _____

CLNS 950E
Course Dates: _____ to _____
<p>Agreed upon expectations and/or goals for evaluation (please summarize below):</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>
<p>Student Signature: _____ Date: _____</p> <p>Faculty Evaluator Signature: _____ Date: _____</p> <p>Faculty Evaluator Printed Name: _____</p>

For OMSA use only: CRN: _____ DB: _____ INB: _____