



COURSE ADD REQUEST – QUALITY IMPROVEMENT PRACTICUM

This section *must* be completed by student prior to signatures:

Student Name: _____ ID#: _____

Class of: _____ Today's Date: _____

CLNS 950W

Course Dates: _____ to _____

Must check one option

This student will be completing QIP for

___ Phase III Elective Credit

OR

___ Research Requirement/Scholarly Project

***Agreed upon expectations and/or goals for evaluation (please summarize below):**

Student Signature: _____ Date: _____

Faculty Evaluator Name: _____ Date: _____

Faculty Evaluator Signature: _____

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