



COURSE ADD REQUEST – TEACHING FELLOWSHIP

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

Student Name: _____ ID#: _____

Class of: _____ Today's Date: _____

CLNS 950E

Course Dates: _____ to _____

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: _____