



Continuing Education Academic Certificate Proposal Form

This form and all attachments should be submitted to the Director of Office of Continuing at least 30 days before offering the course(s).

REQUESTOR INFORMATION

Host School:	Date:
Department:	Program of Study:

CERTIFICATE INFORMATION

Title of Academic Certificate :
Certificate Description:

Number of Credit hours:	<i>* Attach Proposed Certificate (Include Credit Hours)</i>
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Instructor(s): List all instructors and the courses they will teach:

Proposed date of implementation:

SIGNATURES/APPROVED BY:

Dean:	Date:
Department Chair:	Date:
Program Coordinator:	Date:

Submit completed forms to the Director of Continuing Education to address below

DIRECTOR OF CONTINUING EDUCATION ONLY

Date submitted by Director of Continuing Education:
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Date Reviewed by Continuing Education Advisory Committee: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Resubmit

Date Submitted to AAPC Committee for Review and Approval: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Resubmit

Director of Continuing Education
OFFICE of the REGISTRAR