



OFFICIAL COURSE PERMISSION FORM

UNIVERSITY OF GUAM
UNIBETSEDĀT GUAHAN

Global Learning & Engagement
Office of the President

Semester _____ Title _____ Section _____ Credit(s) _____ Contact Hours _____

Title _____

Class Limit _____ Course Length _____ Start Date _____ End Date _____

Time _____ Location _____

Instructor: _____ Instructor DOB/ID: _____

Instructor Phone #: _____ Instructor Email: _____

COST TO BE PAID BY: _____ STUDENT

_____ UOG GLE

_____ OTHER : _____

Amount \$ _____

Comments:

APPROVAL

Instructor

Signature

Date

Transcripts, application, course outline and other data pertinent to this course offering have been reviewed. The signatures below assure that the University approves the course offering and that the instructor is qualified to teach the course and is in good standing with the University of Guam. The academic quality of the course content conforms to accreditation standards governing all UOG courses and adequately reflects the level identified in the course number.

Global Learning & Engagement

Signature

Date

Dean

Signature

Date

Director, UOG GLE

Signature

Date

Senior Vice President/Provost, ASA

Signature

Date

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