



OFFICIAL COURSE PERMISSION FORM PROFESSIONAL DEVELOPMENT (PD 894)

UNIVERSITY OF GUAM
UNIBETSEDÂT GUAHAN

Global Learning & Engagement
Office of the President

Semester _____ Title **PD 894** Section _____ Credit(s) _____ Contact Hours _____

Title _____

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

Time _____ Location _____

Instructor: _____ Instructor DOB: _____

Instructor Phone #: _____ Instructor Email: _____

COST TO BE PAID BY: _____ UOG GLE
Amount \$ _____
_____ 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

Director, UOG GLE Signature Date

Provost/Senior Vice President, ASA Signature Date

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