INSTRUCTOR SUBSEQUENT APPROVAL/REMOVAL REQUEST
University of La Verne — Quality Management

Name ____________________________________________
(First) (M.) (Last)

Center/Program _______________________________________

This instructor has previously been approved to teach the following number of courses: ________

☑ Request approval of the following additional courses:

(Department) (Course Number) Course Title

(Department) (Course Number) Course Title

(Department) (Course Number) Course Title

☑ Request removal of the following courses from the instructor’s approved list:

(Department) (Course Number) Course Title

(Department) (Course Number) Course Title

(Department) (Course Number) Course Title

☑ Request removal of the instructor completely from the list of approved instructors.

Comments: _______________________________________

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☑ Appeal for approval of additional courses beyond the maximum allowed.

Argument for Appeal: _______________________________________

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Signature of Center/Program Director ___________________________ Date ____________________

Materials sent to QM on ____________. Sent to Department/Program Chair on ____________.
Received back by QM on ____________. Sent back to SCE on ____________. QMS8 12/94