

Michigan Technological University

Graduate School

Please Print or Type

Request for Permission to Teach Graduate Courses

Name of Nominee: _____
First Middle Initial Last

ID: _____ E-mail: _____

Does this person have a continuing appointment at MTU (e.g., current faculty or staff, adjunct or emeritus faculty)? _
_____ yes _____ no

Attach a CV and obtain appropriate signatures at the bottom of this form.

List graduate course(s) to be taught: 1) _____
2) _____

Departmental Head/Chair Recommendation/Comments: _____

Department Head/Chair Signature Date Department

College/School Dean's Endorsement: _____
Signature Date

Dean of the Graduate School Approval: _____
Signature Date