ADMINISTRATIVE APPROVAL REQUEST FORM

Email the **COMPLETED FORM** and **CURRENT VITA** to the Graduate School graddeanoffice@lsu.edu

Print LEGIBLY

NAME: _____ **LSUID:** _____

DEPARTMENT: _____ **COLLEGE:** _____

**Check if nominee has previous approval: ☐

COURSE APPROVAL

Course(s) for which the nominee seeks approval to teach.

	Main Campus	Online	
Fall	1S	1st 1L	2nd 1P
Spring	2S	1st 2D	2nd 2L
Summer	3S	1st 3D	2nd 1D
Effective Term: The semester & year that will begin in the Spring. ***Ex:*** *Spring 19 is 2S/2019, Fall 19 is 1S/2020*			

Dept	Course Number	Effective Term	Expiration (check one) Semester	3-Year
			☐	☐
			☐	☐
			☐	☐
			☐	☐

COMMITTEE APPROVAL

Check the appropriate boxes below and list the name(s) and LSUID(s) of students on whose committees the nominee seeks to serve.

Co-Chair YES	Co-Chair NO	Count in Minimum? YES	Count in Minimum? NO	Student's Name	Student's LSU ID
☐	☐	☐	☐		
☐	☐	☐	☐		
☐	☐	☐	☐		
☐	☐	☐	☐		

RATIONALE

Please present a rationale for this administrative approval request (use additional pages if necessary). If requesting approval to serve on a student's committee, include the names and graduate faculty status of the other committee members in the rationale.

SIGNATURES

Nominee (if serving on a committee): _____

SIGNATURE

Department

Chair: _____ _____ _____

TYPE/PRINT SIGNATURE DATE

College

Dean: _____ _____ _____

TYPE/PRINT SIGNATURE DATE

********** **For Graduate School Only**********

Date Received: _____ Date Added to Database: _____

Graduate
School Dean: _____ _____ _____

TYPE/PRINT SIGNATURE DATE