## **Teaching Request**

Individual Making the	e Request:	Date:	
	Expected # of Stude	ents	
2. If applicable, in number	is there an Institutional Animal Care	e and Use Committee (IACUC) tea	aching protocol
<u>-</u>	e the following information: Who is expected to carry out the ac	ctivity?	
ii.	Where is the activity to occur?		_
iii.	iii. When is the activity to occur, timeline, dates, (attach syllabus)?		_
iv.	iv. Briefly, what is expected to be accomplished?		
V.	How is the activity to be resourced, department, course fees, etc.?		_
vi.	Any special equipment or supply in	needs?	_
University Farms Unplanned and/or Individual(s) mak All financial ques Teaching needs ar Time should be ac allocations are the This request is to If a summe semester. If a spring Teaching Request Changes to the ap Farms assistance (see the semester)	very is ultimately the responsibility can assist but does not assume the a unapproved request are completely ing the request need to work throughtions are to be addressed between the not to augment needs for research ecounted for where growing- and/or eresponsibility of the instructor. Be turned in the semester prior to the er or fall course, request must be turned in the series require all signatures of approval approved request must be approved agong the semester that the class is taugeten the semester that the class i	the responsibility of the instruction or the responsibility of the instructor, the their appropriate Chair on all mane instructor, Chair and Associate in.  To gestation-times are needed. Estimate semester that this class is taughterned in the week before finals of the week before finals of the prior of the request to be fulfilled.  Togain a minimum of 14 days of notion the responsibility of the request to be fulfilled.	responsibility. r and department. nterials needed. Dean. nates of time ne prior spring fall semester. ce for University
Instructor		Date	
Chair		Date	
Associate Dean and/o	or Dean	Date	