

Teaching Request

Individual Making the Request: _____ Date: _____

1. Course _____ Expected # of Students _____
Semester of Class _____
2. If applicable, is there an Institutional Animal Care and Use Committee (IACUC) teaching protocol number _____
3. Please provide the following information:
 - i. Who is expected to carry out the activity?

 - ii. Where is the activity to occur?

 - iii. When is the activity to occur, timeline, dates, (attach syllabus)?

 - 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 needs?

Special Notes:

- Teaching and delivery is ultimately the responsibility of the instructor and department. Where appropriate, University Farms can assist but does not assume the academic mission of instruction or responsibility. Unplanned and/or unapproved request are completely the responsibility of the instructor and department.
- Individual(s) making the request need to work through their appropriate Chair on all materials needed.
- All financial questions are to be addressed between the instructor, Chair and Associate Dean.
- Teaching needs are not to augment needs for research.
- Time should be accounted for where growing- and/or gestation-times are needed. Estimates of time allocations are the responsibility of the instructor.
- This request is to be turned in the semester prior to the semester that this class is taught.
 - If a summer or fall course, request must be turned in the week before finals of the prior spring semester.
 - If a spring course, request must be turned in the week before finals of the prior fall semester.
- Teaching Requests require all signatures of approval for the request to be fulfilled.
- Changes to the approved request must be approved again a minimum of 14 days of notice for University Farms assistance (of the semester that the class is taught). Changes needed due to unexpected events, as bad weather, may be rescheduled as needed.

Instructor _____ Date _____

Chair _____ Date _____

Associate Dean and/or Dean _____ Date _____