

ADMINISTRATIVE APPROVAL REQUEST FORM

Submit the ORIGINAL FORM and CURRENT VITA

Name of Nominee _____ Department _____
LSUID _____ College _____
Signature of Nominee (if serving on a committee) _____

A. COURSE APPROVAL

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

	TERM	YEAR	DEPT
	1s	_____	CRS _____
	2s	_____	CRS _____
	3s	_____	CRS _____
OR	3-year	_____	CRS _____

B. COMMITTEE APPROVAL

The nominee seeks approval to serve on a graduate committee(s) as (check one of the following):

Chair* _____ Committee Member* _____ (to count in the minimum)
Co-Chair* _____ _____ (**not** to count in the minimum)

*If you are requesting for the nominee to be counted in the minimum, please attach a strong justification.

List the **NAME(s)** as enrolled and **LSUID(s)** of students on whose committees the nominee seeks to serve:

Please present a rationale for this administrative approval request (use additional pages if necessary):

Department Chair: _____ Signature _____ Date _____
(Please type/print)

College Dean: _____ Signature _____ Date _____
(Please type/print)

Please forward to The Graduate School upon approval.

Date Received by Graduate School _____ Added to Database _____

Graduate School Dean: _____ Signature _____ Date _____