

Collaborative Team Teaching Information Form

THIS FORM IS INFORMATION ONLY. IT IS NOT MEANT TO BE USED FOR APPROVAL

	Instructor 1	Instructor 2	Instructor 3	Instructor 4	If more than 4, attach separately
Name	_____	_____	_____	_____	
Dept/Unit	_____	_____	_____	_____	
Chair/Head	_____	_____	_____	_____	
College	_____	_____	_____	_____	
Dean	_____	_____	_____	_____	

Course Title: _____

Course Number: _____

CRN (if known) _____

Brief Course Description and Notable Features (for recruitment of future students/retention of current students)
