



# OFFICIAL COURSE PERMISSION FORM PROFESSIONAL DEVELOPMENT (PD 894)

UNIVERSITY OF GUAM  
UNIBETSEDÁT GUAHAN

Global Learning & Engagement  
Office of the President

Semester \_\_\_\_\_ Title **PD 894** Section \_\_\_\_\_ Credit(s) \_\_\_\_\_ Contact Hours \_\_\_\_\_

Title \_\_\_\_\_

Class Limit \_\_\_\_\_ Course Length \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Time \_\_\_\_\_ Location \_\_\_\_\_

Instructor: \_\_\_\_\_ Instructor DOB: \_\_\_\_\_

Instructor Phone #: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

COST TO BE PAID BY: \_\_\_\_\_ UOG GLE  
Amount \$ \_\_\_\_\_

\_\_\_\_\_ OTHER : \_\_\_\_\_  
Amount \$ \_\_\_\_\_

Comments:

\_\_\_\_\_

## APPROVAL

\_\_\_\_\_  
Instructor Signature Date

Transcripts, application, course outline and other data pertinent to this course offering have been reviewed. The signatures below assure that the University approves the course offering and that the instructor is qualified to teach the course and is in good standing with the University of Guam. The academic quality of the course content conforms to accreditation standards governing all UOG courses and adequately reflects the level identified in the course number.

\_\_\_\_\_  
Global Learning & Engagement Signature Date

\_\_\_\_\_  
Director, UOG GLE Signature Date

\_\_\_\_\_  
Provost/Senior Vice President, ASA Signature Date

UOG Station, Mangilao, Guam 96923  
Telephone: (671) 735-2600/1 Fax: (671) 734-1233  
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