Columbia College

Course Approval Form - Teachers College Courses

Name:	Date Email		
Exp. Graduation			
Local Address and Telephone_			
TC Course Title:			
Number:			Points:
Major/Concentration:			
Advising Dean:			
Semester Course Offered:	Fall	Spring	Year:
Please explain why this Teache your course of study:	ers College	e course is necessar	ry for, or complementary to,
DO N	OT WRIT	E BELOW THIS	LINE
The Dean of Academic Affairs approved your request.	, Columbi	a College, has	approved not
Course Title and Number:			
Dean's Signature:			Date:
Dean's Signature: Kathryn B. Yatrakis, Dean of A	cademic A	Affairs	
cc: Advising Dean, Center for S	Student A	dvising	