

SKILLS COURSE APPROVAL FORM

(Check each skill to which your course will apply – check no more than two skills)

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- First-year Writing Requirement (circle one: expository / not expository)
 Additional Writing Requirement (circle one: expository / not expository)
 Oral Communication
 Basic Quantitative Reasoning
 Applied Quantitative Reasoning
 Applied Research Techniques
-

Please attach a draft syllabus and provide information below

Course Subject: _____ Course Number: _____ (leave blank if new course)

Course Name: _____

Term(s) Taught: _____

Instructor(s): _____

Course Description:

Course Goals (Please refer to http://www.hollins.edu/registrar/documents/ESP_goalscriteria.pdf):

Assignments and Grading (Please refer to http://www.hollins.edu/registrar/documents/ESP_goalscriteria.pdf):

APPROVED BY:

DATE:

Instructor: _____

Department Chair: _____

Coordinator of Skill Area: _____

Academic Policy Committee: _____