



EXTENSION COURSE REQUEST FORM

Requested extension class: _____
Start date of class: _____ End date of class: _____
Number of class periods: _____ Length of each period: _____
Teacher: _____ Academy: _____
Highest degree: _____ Major field: _____
Graduate school attended: _____
Years of teaching experience: _____ Dates of experience: _____

I have read the policies and procedures for extension courses set forth by Southern Adventist University. (Please check all the applicable boxes below.)

[] I have requested official transcripts for my two highest degrees to be sent directly to the Associate VP for Academic Administration.

OR

[] My transcript is already on file at Southern.

These transcripts show that I have completed at least 18 graduate semester hours in the teaching discipline and hold at least a master's degree, or that I hold the minimum of a master's degree with a major in the teaching discipline.

[] The course syllabus is attached (which meets the Southern Adventist University Guidelines for Course Syllabi) for the proposed course.

[] A current resumé or curriculum vitae is attached.

OR

[] I already have a current resumé or curriculum vitae on file at Southern.

[] Attached is the completed Faculty Information Form.

Teacher's signature: _____ Date: _____
Principal's signature: _____ Date: _____

Do not write in the following space. For Southern Adventist University use only.

Southern coordinator named by AVPAA: _____

Approvals by coordinator:

_____ Textbook title _____ Test procedures
_____ Syllabus on file _____ Grade procedures

Approvals by Associate Vice President for Academic Administration:

_____ Approved syllabus on file
_____ Transcripts for extension course teacher on file
_____ Current resumé for extension course teacher on file
_____ Faculty Information Form on file

Approval signatures:

Southern Coordinator: _____ Date: _____
Associate VP Academic Administration: _____ Date: _____

Copies to be filed with: Academy: Principal, Registrar, Teacher
SAU: AVP for Academic Administration, Records, Department Chair



FACULTY INFORMATION FORM

This *form is to be completed by each individual who teaches an extension course for Southern Adventist University credit. Please complete and return to the Associate Vice President for Academic Administration. *
This completed form must be submitted for course and instructor approval **before** instruction begins.

Name: _____

Street Address: _____

City: _____ ST: _____ Zip _____

Phone: (Home) _____ (Cell) _____

(Work) _____ (Fax) _____

Email: _____
Social Security Number _____

Gender: M ____ F ____

Date of Birth: _____

Ethnicity: Non-Hispanic ____ Hispanic ____
American/Alaska Native ____ Asian ____ Black or African American ____
Race: Hawaiian/Pacific Islander ____ White ____

U.S. Citizen: Y ____ N ____

Your Highest Degree Earned: _____

Major/Emphasis: _____

Name of Institution where your highest degree was earned: _____

Copies to: Dean or Chair of Academic Department
Coordinating Professor
Office of Academic Administration
Records Office

Copies to be filed with: Academy: Principal, Registrar, Teacher
SAU: AVP for Academic Administration, Records, Department Chair