SCHOOL OF PARISH LEADERSHIP AND EVANGELIZATION

COURSE APPROVAL FORM

Name: _____ Student ID # _____ Date _____

Daytime Phone: _____ Email: _____

Program: _____ Level: _____

Course #	Course Title	Day & Time		Term				Instructor	Credit Hrs.	Any Conflict	
		Day	Time	F	S	SU	Year			Yes	No

For Office Use Only

Course # _____ ☐ Approved ☐ Not approved.

Course # _____ ☐ Approved ☐ Not approved.

Course # _____ ☐ Approved ☐ Not approved.

Course # _____ ☐ Approved ☐ Not approved.

Approver's Initials _____

Date _____