



GUAM COMMUNITY COLLEGE
CONTINUING EDUCATION OFFICE
P.O BOX 23069 G.M.F., GU 96921
TEL: (671) 735-5574/5640 FAX: (671) 734-5238

COURSE PERMISSION FORM

To be used for all instructional offerings outside of the regular semester schedule for credit (Undergraduate & Graduate), non-credit, and CEUs.

Term: _____ Part of Term: _____ CRN: _____ Section: _____ DETAIL CODE: _____ Date Requested: _____

☐ _____ Credit (Undergraduate ☐/Graduate ☐) ☐ Non-Credit ☐ _____ CEUs

Course No: _____ Course Title: _____ Syllabus Attached: ☐

Class Days: _____ Time: _____ Total Contact Hours: _____ Class Size: Max. _____ Minimum _____

Instructor: _____ Start Date: _____ End Date: _____

Instructor Contact Number: _____ Email: _____

Department: _____ Requested by: _____ Contact Number: _____

Cost of Instruction

☐ Part of Full Time Faculty Load, ☐ Cost to be paid by NAF – Total with benefits: _____

Instructor Cleared: **HR** ☐ Yes ☐ No **Nurse** ☐ Yes ☐ No Comments: _____

Cost to Student

Course Fee: \$ _____ Lab Fee: \$ _____ Total Cost to Student: \$ _____

FOAPAL: _____ **Accountant's Initials** _____

Comments: _____

The following documents are needed for review and approval: Complete budget, MOA/MOU, faculty workload, syllabus with SLOs identified, and any additional documents to support this course. The signatures below acknowledge that the College reviewed and approves the offering and the instructor is qualified and is in good standing.

Department Chairperson

Date

CE Administrator

Date

Dean

Date

Academic Vice President

Date

Registrar

Date

Office of Human Resources (contract preparation)

Date

****After the approval process is completed, please return forms to the Continuing Education office for filing.****