

**The Ohio State University
Graduate Certificate in College and University Teaching**

Course Approval Form

I. Instructor Information

Name

Department/Program

Campus Address

Email (osu.edu)

Telephone

II. Course Information

Course Name

Course Number

_____ # of credit hours

Semester(s) offered (check all that apply)

Specialization category (check one)

_____ Discipline-Based Teaching Course

_____ Mentored Teaching Experience

(mentor: _____)

_____ Elective Course

_____ Summer

_____ Autumn

_____ Spring

_____ May

Type of course (check one)

_____ Regular

_____ Arranged (check one)

_____ Group (# of students _____)

_____ Independent Study

Course offering

_____ annually

_____ every other year

_____ Other (_____)

_____ # of seats available for non -
majors:

Please complete Part III on next page

III. Course description (for people outside of discipline, 300-word maximum)

Please email this saved document as well as the syllabus to:

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College of Education and Human Ecology

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