

Cluster Class Application Form

This form must be completed (with signatures) before a Cluster Class may be organized.
(Minimum of 2 students - maximum of 5)

COURSE NAME & NUMBER: _____

Students: 1. _____ 4. _____
2. _____ 5. _____
3. _____

SEMESTER:

Professor Date

[] Fall _____

Dean Date

[] Spring _____

Chief Academic Officer Date

[] Summer _____

Reason for Cluster Class _____

PLAN OF STUDY

***** Syllabus is required *****

Brief Course Description & Objectives:

Course Requirements & Activities: (Be specific in explaining reading assignments, writing experiences, examinations, and any other projects. Continue on back if necessary.)

Contact Hours: (List day of week, hour and dates of meeting - a general guideline is one hour a week for 15 weeks for a three-credit course. Refer to Faculty Handbook.)

Evaluation: (What activities will be evaluated, weight given to each evaluated activity, etc.)