

Division of Animal and Nutritional Sciences

Teaching/Research/Experiential Course Credit Request Form Effective Term _____
(eg 201801)

Name _____ ID# _____

Major _____ Minor _____

Number of credit hours completed _____ Current Status _____ (UG, GR)

CRN for requested Course: _____

Course requested: Instructor _____ Number of hours requested _____

P/F courses

- ___ 490 Teaching Practicum
- ___ 690 Teaching Practicum
- ___ 699 Graduate Colloquium

Letter grade courses

- ___ 491 Professional Field Experience
- ___ 495 Independent Study
- ___ 497 Research
- ___ 595 Independent Study
- ___ 695 Independent Study

classroom – 1:1 online – 15/30:1 experiential – 3:1 variable –

Brief description of activity/experience

Justification for number of hours requested (if variant from WVU policy) _____

Assessment mechanism(s):

- | | | |
|---------------------------|---------------------------------|---------------------|
| ___ MOU | ___ Faculty mentor | ___ Other (explain) |
| ___ Cooperator Evaluation | ___ Student Progress Meetings | |
| ___ Advisor Evaluation | ___ Thesis Preparation/Delivery | |
| ___ Student Reports | ___ Research Team Meetings | |

Additional explanation of assessment, if applicable

Department Chair

Date

Instructor

Date

Note: This form will not be accepted if submitted via email