# Cover Sheet

Request for Approval to Use W-I Designation (WAC)

Completed cover sheet must accompany application. Submit completed application the WAC office in OM 236. Fill out the block below that represents the type of approval you are applying for.

**Type A: Professor Commitment**

( ) Professor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_

( ) Attended MU WAC Workshop when and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Teaching portfolio for experimental WAC course(s) (see application instructions)

( ) Agree to forward syllabi for subsequently offered W-Courses?

**Type B: Department Course**

( ) Department Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_

( ) Course Number & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Statement concerning departmental responsibility (see approved WAC Proposal)

( ) Agree to submit current syllabus for course annually?

( ) Statement demonstrating all faculty teaching course have completed MU WAC Workshop, providing dates and locations.

**Type C: Specific Course and Specific Professor(s)**

( ) Professor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(s): \_\_\_\_\_\_\_\_\_\_

( ) Course Number & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Attended MU WAC Workshop when and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Teaching portfolio for one experimental WAC course (see application instructions)

See application instructions for guidelines for preparation of teaching portfolios.

Signatures Required at Time of Submission:

Professor(s) Date

Department Chair Date

College Dean Date

Signatures after Approval by University WAC Committee:

Chair, UWACC Date

Vice-Pres., Academic Affairs Date