

Course Instructor's Opinion and Recommendations	<input type="checkbox"/> Approved as requested				
	<input type="checkbox"/> Partially approved. Details: _____				
	<input type="checkbox"/> Not approved. Reason(s): _____				
	※Note: If not approved, please clearly state the reason(s) to avoid future disputes.				
Course Instructor		Academic Advisor		Department Chair	

FM-10540-011

Form Creation Date: January 7, 2013

Form Revision Date: December 4, 2024

Retention Period: 10 years