**Course Syllabus Data Form**

**THIS FORM MUST BE FULLY COMPLETED/SUBMITTED IN ORDER FOR AN EVALUATION TO BE COMPLETED. MISSING ITEMS WILL DELAY THE PROCESS.**

Name: ____________________________ Date: ________________

Email: ____________________________ Phone: ________________

Program to which you will be applying: (Ex: DPT, DE, etc)

Name of SNHS prerequisite course: ____________________________

Course title and number: (Ex: CH 101 Intro to Chem)

Name of institution where course was/is taught: ____________________________

Title/Author of Textbook Used: ____________________________

Number of credit hours: _____ Total number of class hours per week: _____ Total number class hours per term: _____

Length of course in weeks: Indicate system used:

Semester system: Indicate number of weeks: _____

Quarter System: Indicate number of weeks: _____

Trimester System: Indicate number of weeks: _____ Month/Year course completed: _____ / _____

Institution is regionally accredited by which professional association? Check the institutional catalog or website.

Online course: Yes ☐ No ☐

Lab included (for science courses)? Yes ☐ No ☐

Please attach a course syllabus (which provides the following information):

Name of instructor, year course taught, text book used, assignments, topics and method of course assessment.

Unfortunately a course description (a general statement of the course content) found in a college/university catalog does not provide enough detail.

**Allow up to 15-20 business days for review/evaluation of this course.**

You will be notified by email whether the course meets our admission requirements.