

	Course S	yllabus Data	Form
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THIS FORM MUST BE FULLY COMPLETED/SUBMITTED IN ORDER FOR AN EVALUATION TO BE COMPLETED. MISSING ITEMS WILL DELAY THE PROCESS.

Name :	Date:
Email: :	
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 pe	r 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/Ye	ar course completed:/
Institution is regionally accredited by which professional associ	ation? Check the institutional catalog or website.
Online course: Yes No	
Lab included (for science courses)? Yes \(\square \) No \(\square \)	
Please attach a course syllabus (which provides the following in Name of instructor, year course taught, text book used, assignr Unfortunately a course description (a general statement of the catalog does not provide enough detail.	nents, topics and method of course assessment).

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.