**Yuan Ze University Application for Exception Time Courses**

**Semester of Academic Year:** \_\_\_\_\_\_\_\_\_\_\_\_\_ semester of \_\_\_\_\_\_\_\_\_\_\_\_\_ academic year

Date of Application: / /

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| **Teacher Information** | Name: | | | | | Department: | | | | |
| Title: □Professor □Associate Professor  □ Assistant Professor □ Lecturer | | | | | □ Full-Time Faculty □Adjunct Faculty | | | | |
| **Course Information** | Course Offering Department: | | | | | Years of Courses Offered: | | | | |
| Course Title: | | | | | | | | | |
| Course Code: | | | Course Class: | | Credits: | | Course Category:   * Required Course * Elective Course * Required Elective Course | | |
| **Application Category** | **Undergraduate** | □Repeated course □4 consecutive classes (inclusive) or more □Others | | | | | | | | |
| **Master Program** | □Adjunct Faculty Graduate Electives (Limited to 2 courses per semester)  □Others | | | | | | | | |
| **Application**  **Period** | Weekday: Section: ~ ( : ~ : ) | | | | | | | | | |
| **Reason for Application (Required)** | ★Please elaborate on the necessity and rationality. If there is no detailed description, it cannot be applied. | | | | | | | | | |
| **Supporting Measures**  **(Required)** | ★Please explain in detail the relevant supporting measures to ensure the learning effect of students and the quality of teaching, as well as on the relevant counseling measures for students with poor academic performance in the future. If there is no detailed description, it cannot be applied. | | | | | | | | | |
| **Course Instructor** | (Signature) | | **Course Offering Department** | | (Staff Signature) | | **Course Offering Department** | | (Supervisor Signature) |