THE UNIVERSITY OF AKRON MARY SCHILLER MYERS SCHOOL OF ART COURSE EVALUATION REQUEST

Student's Name:			
Date Submitted:			
Please evaluate the attached syllabus the course described below with The College: Course Number and Title:	University o	f Akron Myers School of A	1 .
Credit Hours:	Semester	Quarters	
Online Course: Yes No			
Review Due:			
Result of Review: Accept	Reject		
If accepted, equivalent to 7100:			
Reason: Course content does not mate	ch		
Missing required hours, per N	NASAD accre	editation	
Missing essential topics			
Evaluator Name (please type or print	<u></u>		
Evaluator Signature:		Date:	