



## Visiting Scholar Course Observation Application

### Visiting Scholar Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Local Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Course to be observed: **CRN #** \_\_\_\_\_ **Course Title:** \_\_\_\_\_ **Days/Time:** \_\_\_\_\_

Term: \_\_\_\_\_ WOU V # \_\_\_\_\_

Purpose of observation: \_\_\_\_\_

### Signature of Visiting Scholar

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Approvals

*I approve of the above visiting scholar attending and observing the course listed above. (Permission is granted only upon verification of need and with the understanding that law and policy will not be violated. Visiting scholars cannot alter classroom activities and do not have administration or evaluation rights within a course.)*

Faculty Member \_\_\_\_\_

Dean: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

*Copies of this document will be retained in the offices of the Registrar and the appropriate academic dean.*