

Discover College Syllabus Review Form

Concurrent Instructor:

High School:

Course:

Course Number:

Faculty Liaison:

Date:

Upon a thorough review of the above instructor's attached syllabus, it is my recommendation, as the faculty liaison, that the following adjustments/revisions be completed prior to the start of the course:

Faculty Liaison Signature:

I, the Discover College instructor, understand the above suggested revisions and agree to submit a revised syllabus (if revisions necessary) for final review to my faculty liaison prior to August 1, 2014.

Discover College Instructor Signature:

Original Copy Syllabus Attached Yes No

Revised Copy Syllabus Attached Yes No

Faculty Liaison Syllabus Approval Yes No