

BUTTE-GLENN COMMUNITY COLLEGE DISTRICT
Oroville, California

COLUMN MOVEMENT FOR ASSOCIATE FACULTY

NAME: _____ DATE: _____

APPROVAL IS REQUESTED FOR THE FOLLOWING COURSE(S)

<u>Dept/Course #</u>	<u>Course Title</u>	<u>Enrollment Period</u>	<u>Units</u>	
TMI	Certified Online Inst Training (COIT)	Open Enrollment	2.0	Sem/Qtr
_____	_____	_____	_____	Sem/Qtr
_____	_____	_____	_____	Sem/Qtr
_____	_____	_____	_____	Sem/Qtr

Anticipated Benefits

Request Is:

- Approved
- Denied

Signature of Appropriate Vice President Date

To Be Completed Upon Receipt of Transcripts

- _____ Approved
- _____ Total Units

Signature of Appropriate Vice President Date