

## Part of Term Approval Form

Course Name: \_\_\_\_\_ Credits: \_\_\_\_\_

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

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

Number of Class Meetings and Length of Each: \_\_\_\_\_

The [parts of term](#) (POT) for each semester are created so that students have course schedules designed to maximize their ability to succeed. These parts of term have been reviewed under federal and accreditation guidelines, and serve to provide all available options for the majority of courses offered at CCD. It is expected that faculty members and office managers will make every attempt to find an existing POT that will meet the learning requirements of the courses within their center.

Occasionally, a special part of term must be created to accommodate a learning innovation or partnership. This form will be used to grant those approvals. The Office of Registration and Records will not create a POT without this form.

Please attach a narrative explaining the rationale for the part of term being proposed. Include a discussion of:

- 1) How this POT will maximize student success,
- 2) Why no existing POT can be utilized,
- 3) The start and end date, and number of class meetings you intend for this course,
- 4) If this POT will be only for this semester, or if you wish it to be ongoing.

Office of the Provost  
Cherry Creek – Room 301  
Campus Box 200  
P.O. Box 173363  
Denver, CO 80217-3363



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Faculty member: *I am requesting this POT and have completed and attached the student-centered rationale for its creation.*

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

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

Dean: *I have read the rationale for this POT and agree that it is well designed to maximize student success.*

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

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

Registrar: *I have created this part of term and uploaded this form onto the G Drive.*

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

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