AAPPS 02.03.30

Faculty Authored Teaching Materials

REQUEST FOR AUTHORIZATION TO PRESCRIBE MATERIALS

AUTHORED BY FACULTY MEMBERS OF TEXAS STATE FOR CLASS USE

Date:

To:

(Department Chair/School Director)

I,     , request authorization to prescribe for use in my       classes the materials listed below during the fiscal year      .

Materials Cost to Student/Unit Profit to Profit to

 Faculty Member/Item Department/Item

Action of Chair/Director: [ ]  Approve [ ]  Disapprove

Reasons for Action:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date

Action of Dean: [ ]  Approve [ ]  Disapprove

Reasons for Action:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date

Action of Provost & VPAA: [ ]  Approve [ ]  Disapprove

Reasons for Action:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date