## Eastern Illinois University School of Extended Learning College of Education

Cohort Approval Form

School:				
Department:				
Program:				
Department Contact	t Person	1:		
Location of Program	n:			
Type of Program:		Contracted/Sponso	ored - off load	
		Regular - off cam		
		Contracted/Sponse		
		Pure Contract		
		Other		
If sponsored, who is	s the sp	onsoring agency?		
Expected cohort start date:				(Semester & Year)
Expected cohort end date:				(Semester & Year)
Preferred number of	f Stude	nts: M	inimum number	
		M	aximum number	
Department Chair			Date	
Dean, Academic College			Date	
School of Extended Learning			Date	
Dean, College of Ed	ducatio	n	Date	

Cohort approval is not guaranteed. Approval may be subject to enrollment minimums, funding sources, and /or other criteria.