Eastern Illinois University
School of Continuing Education
Office of Academic and Professional Development

Cohort Approval Form

School: _____

Department: _____

Program: _____

Department Contact Person: _____

Location of Program: _____

Type of Program:
- ☐ Sponsored
- ☐ Regular
- ☐ Sponsored – TRM
- ☐ Regular – TRM
- ☐ Pure Contract

If sponsored, who is the sponsoring agency? _____

Expected cohort start date: _____ (Semester & Year)

Expected cohort end date: _____ (Semester & Year)

Preferred number of Students: _____ Minimum number

_____ Maximum number

_____ _____
Department Chair Date

_____ _____
Dean, Academic College Date

_____ _____
Director, Academic & Professional Development Date

_____ _____
Dean, School of Continuing Education Date

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