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| Program title | | |  | | | | | | | | | | | | |
| Related instruction area evaluated | | | | | | | |  | | | | | | | |
| To be filled out and signed by: | | | | | | | Dean of instruction **OR**  Assistant dean/designated evaluator | | | | | | | | |
| Signature |  | | | | | | | | | | | | Date |  | |
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| **COURSE PREFIX** | | **COURSE NUMBER** | | | **COURSE TITLE** | | | | | **HOURS OF CLASS** | **SPECIFIC SUBJECT MATTER** | | | | **HOURS ON TOPIC** |
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| **Total hours spent** | | | |  | | | | | **Credit equivalent** | | |  | | | |