

**Binghamton University
Continuing Education and Outreach
Instructor Approval Petition Form**

IT IS YOUR RESPONSIBILITY to check for schedule conflicts & to make sure this information is correct.

NAME _____ **DATE** _____

B# _____ **PHONE#** _____

EMAIL _____

Course # CEO _____ **Section #** _____ **Semester** _____ **Year** _____

Name of Course _____

Instructor Signature

DATE ENTERED _____
