DEPARTMENTAL REQUEST FOR COURSE REPLACEMENTS

Department: __________________________ Name: __________________________

1. Please identify the reason a course replacement is required:
   a. Faculty member on full-year sabbatical
   b. Faculty member on one-semester sabbatical
   c. Faculty member on leave without pay, one year
   d. Faculty member on leave without pay, one semester
   e. Faculty with administrative responsibilities
   f. Faculty participation in Core
   g. Other, please explain:

2. Please list the specific courses proposed for replacement. Identify courses that are required for a major or minor, or general education requirement.

3. If the courses listed above are electives, please state the rationale for student enrollment in a course taught by a visitor.

4. Identify comparable courses available at other Claremont Colleges and address what obstacles, if any, limit cross-enrollment.

5. For intercollegiate programs, departments, cooperative majors, please list Claremont College faculty who will be on leave during the academic year in which the replacement is requested.

6. Please describe your department’s contribution to Core and how that participation will be affected by this request.

Term(s) for which replacements are requested: __________________________

Department Chair’s Approval: ______________________________________

Signature