



# Observation Form for a Prospective CAP Instructor

All documentation is due in the CAP Office by the last Friday in May. Payment will be made by June 30, if not earlier.

Instructor Name: \_\_\_\_\_ Potential USI Course: \_\_\_\_\_  
 High School: \_\_\_\_\_ Date of Visit: \_\_\_\_\_  
 Method of Visit \_\_\_\_\_  
 \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 \_\_\_\_\_

**FULL APPROVAL (Fully meets USI's faculty credentials at this time)**

I recommend the above instructor be approved as a College Achievement Program (CAP) instructor. Prior to teaching the course for USI credit, the instructor must receive: training in course content, assessment procedures and departmental pedagogy; information about CAP Office procedures and expectations; approval of the course syllabus.

**PROVISIONAL APPROVAL (Master's degree completed; 1-18 graduate hours in discipline needed)**

I recommend the above instructor be provisionally approved as a College Achievement Program (CAP) instructor. Full approval is pending successful completion of 18 graduate credit hours in the discipline or sub-field, no later than 9/1/2025. Progress will be reviewed on an annual basis. The USI academic dean reserves the right to rescind provisional approval if the instructor does not make progress. Prior to teaching the course for USI credit, the instructor must receive: training in course content, assessment procedures and departmental pedagogy; information about CAP Office procedures and expectations; approval of the course syllabus. the instructor will be a fully approved CAP instructor. Prior to teaching the course for USI credit, the instructor must receive: training in course content, assessment procedures and departmental pedagogy; information about CAP Office procedures and expectations; approval of the course syllabus.

### DENIAL

I do not approve the above instructor for participation in the College Achievement Program (CAP) following reasons:

Faculty Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If submitting electronically, include digital signature.)*

**Please record observations and comments on the reverse side.**

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<b>For CAP Office Use Only</b>			
<i>Report received and reviewed by CAP staff.</i>		<i>Liaison stipend processed.</i>	
<i>Initials</i>	<i>Date</i>	<i>Initials</i>	<i>Date</i>