



Course Approval Request

Name of Person Requesting Approval _____
Mailing Address _____
Phone _____
Email Address _____

Course Information

Title of Course _____
Hours Dedicated to Property Assessment and/or Appraisal _____
(Minimum of two (2) hours)
Type of Instruction
 Classroom Online Video/Satellite Other (Explain): _____
Course Description _____

*****A Course Syllabus and/or Course Outline must be attached in order to be considered****

Sponsor Information

Sponsoring Group/Agency _____
Contact Name _____
Contact Phone Number _____ E-Mail Address _____
Name of Instructor _____

I certify that the information provided is true and accurate to the best of my knowledge. I am aware that any misrepresentation of this information may make me subject to disciplinary action.

Signature _____ Date _____

Course Approved OPM Staff Signature: _____
Course Denied Dated: _____