

CALIFORNIA STATE UNIVERSITY, LONG BEACH

OFFICE OF ACADEMIC AFFAIRS

DATE: October 31, 2016

TO: Dr. [Name]
FROM: [Name]
Director of Academic Affairs

RE: [Subject]

This is to inform you that the [Subject] [Name] [Title] [Department] [Campus] [Address] [Phone] [Email] [Website] [URL].

1. Learning Outcomes - [Subject] [Name] [Title] [Department] [Campus] [Address] [Phone] [Email] [Website] [URL].

2. Campus Alignment - [Subject] [Name] [Title] [Department] [Campus] [Address] [Phone] [Email] [Website] [URL].

3. Methods and Measures - [Subject] [Name] [Title] [Department] [Campus] [Address] [Phone] [Email] [Website] [URL].

[Subject] [Name] [Title] [Department] [Campus] [Address] [Phone] [Email] [Website] [URL].

Sh [Name] [Title] [Department] [Campus] [Address] [Phone] [Email] [Website] [URL].

