

# SUMMER SESSION 2010 COURSE PROPOSAL FORM

Chair please complete starred items (\*), and alter proposal as needed

Please complete one of these forms for each course you would like to suggest for inclusion in the 2010 Summer Session offerings. Please complete all items completely and accurately. **Incomplete and/or illegible forms will be returned for completion and/or clarification.**

DEPARTMENT NAME \_\_\_\_\_

Select Term: \_\_\_\_\_ 10 Week Course (5/26/10 – 8/5/10)

### Session I

\_\_\_\_ 5 Week Course (5/26 – 6/30)  
\_\_\_\_ 2 ½ Week Course (5/26 – 6/14)  
\_\_\_\_ 2 ½ Week Course 6/15 – 6/30  
\_\_\_\_ 1 Week Course Dates: \_\_\_\_\_  
\_\_\_\_ MVGC I (5/26 – 6/30)

See chart for times  
“ “ “ “  
“ “ “ “  
8 a.m. – 4:30 p.m.

### Session II

\_\_\_\_ 5 Week Course 7/5 – 8/5  
\_\_\_\_ 2 ½ Week Course (7/5 – 7/20)  
\_\_\_\_ 2 ½ Week Course (7/21 – 8/5)  
\_\_\_\_ 1 Week Course Dates: \_\_\_\_\_  
\_\_\_\_ MVGC II (7/5 – 8/5)

\_\_\_\_\_  
SUBJECT CODE COURSE NUMBER COURSE TITLE (up to 30 characters including spaces and punctuation, ASYN, HYBR and TP designations)

Cross-Listed with the following course(s) (if any): \_\_\_\_\_

Concurrent course (e.g., a Lab that students must also take at the same time) \_\_\_\_\_

Circle one below. \*All Hybrid and Asynch courses are special permission

**MAJORS ONLY**      **NON-MAJORS ONLY**      **\*SPECIAL PERMISSION**      **OPEN TO ALL**

INSTRUCTOR: \_\_\_\_\_ SSN or C# \_\_\_\_\_  
Last Name First Name

CREDIT HOURS \_\_\_\_\_ \*GENERAL ED. CATEGORY (IF ANY): \_\_\_\_\_

\*WRITING INTENSIVE? (Circle)      Y      N      \*MEETS LIBERAL ARTS CRITERIA? (Circle)      Y      N

COURSE WILL BE ALL ON LINE (ASYNCH) (Circle ) Y      N If yes, skip to **Course Prerequisite question.**

This course will be both on line and on campus (hybrid) Y      N      Dates hybrid course will meet on campus \_\_\_\_\_.  
(On campus meetings should fit within the normal summer schedule of days and times.)

REQUESTED BLDG. & ROOM \_\_\_\_\_ (Be sure to select a room that meets your needs)

REQUESTED BEGINNING & ENDING TIMES (see memo): \_\_\_\_\_ & Days \_\_\_\_\_

DOES THIS COURSE HAVE PREREQUISITES?      Y      N      Please list: \_\_\_\_\_  
Maximum number of students, if not the standard 25: \_\_\_\_\_\*

Justification: \_\_\_\_\_

Fee beyond tuition (e.g., lab fee, housing @ Raquette Lake)? \$ \_\_\_\_\_\*

For the course to be offered, the instructor must agree to teach the course pro-rated if it is under enrolled by signing this form.      Instructor's Signature \_\_\_\_\_

Dept. Chair's Approval \_\_\_\_\_  
(Initial)

Dean's Approval \_\_\_\_\_  
(Initial)