

# Summer 2018 Course Proposal Form

Please complete one form for each course you would like to propose for Summer Session 2018.

Course Subject Code: \_\_\_\_\_ Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Credit Hours: \_\_\_\_\_ Instructor Name & C Number: \_\_\_\_\_

Enrollment Cap (maximum number of students)(select 1):  Standard (Lecture 25) (Ind. Study 3)  28 (over-enrollment)  Other (specify number and provide justification): \_\_\_\_\_

Cross-List/Shared Resource(s) (if applicable): \_\_\_\_\_ Concurrent Course(s) (if applicable): \_\_\_\_\_

Term (select one)	Delivery Method (select one)	Schedule Restrictions (select one)	Schedule Type and Attributes
<input type="checkbox"/> Full Session (May 16 - July 31) <input type="checkbox"/> Session I (May 16 - June 20) <input type="checkbox"/> Term A (May 16 - June 4) <input type="checkbox"/> Term B (June 5 - June 20) <input type="checkbox"/> Session II (June 25 - July 31) <input type="checkbox"/> Term C (June 25 - July 12) <input type="checkbox"/> Term D (July 16 - July 31)  <input type="checkbox"/> Other dates, please specify: _____  <b>NOTE:</b> Classes should NOT be held on May 28, July 4 or July 5.	<input type="checkbox"/> Online <i>Have you taught an online course before? Yes/No (circle one)</i>  <input type="checkbox"/> Hybrid** <input type="checkbox"/> Blended** <input type="checkbox"/> On-Campus** <input type="checkbox"/> MVCC** <b>**For on-campus meetings**</b> Desired Building: _____ Desired Room(s): _____ Begin Time: _____ End Time: _____ Days: M T W R (circle all that apply) or specify dates below (blended) _____ _____	<input type="checkbox"/> Open to all students <input type="checkbox"/> Special Permission <input type="checkbox"/> Majors Only (list majors to be included)  <input type="checkbox"/> Non-Majors Only (list majors to be excluded)  Prerequisites (list <u>all</u> prerequisites)	<b>NOTE:</b> schedule types and attributes are generally brought into Banner from the catalog automatically. Please indicate anything new, extra, or different below.  <input type="checkbox"/> Capstone Course <input type="checkbox"/> Directed Study <input type="checkbox"/> Fieldwork <input type="checkbox"/> Individual Study <input type="checkbox"/> Internship <input type="checkbox"/> Liberal Arts <input type="checkbox"/> Presentation Skills <input type="checkbox"/> Research <input type="checkbox"/> Writing Intensive <input type="checkbox"/> Other (please specify):

**Fees (Beyond Standard Tuition and Fees):**  Yes  No **Fee Amount:** \_\_\_\_\_ **Has your fee been approved?**  Yes  No **NOTE:** it is your responsibility to be sure that any proposed fees have been submitted to the Business Office for the proper approval. For questions on the process, please feel free to contact our office and we will be happy to assist you.

Instructor signature and notes: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair signature and notes: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's signature and notes: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Extended Learning signature (indicates final approval) and notes: \_\_\_\_\_ Date: \_\_\_\_\_

**Extended Learning Office Use Only:** Course Reference Number (CRN): \_\_\_\_\_ Section Number: \_\_\_\_\_ Date Built: \_\_\_\_\_