

Summer 2016 Course Building & Proposal Form

Please Select the Desired Status (Required):

Active Inactive Delete



Please complete one of these forms for each course you would like to suggest for inclusion in the 2016 Summer Session offerings.

Department: _____ **Course Subject:** _____ **Course Number:** _____ **Cross-List (If Any):** _____

Course Title: _____ **Fees (Beyond Standard Fees & Tuition):** Yes No **Fee Amount:** _____

Concurrent Course (e.g. Lab courses that must also be taken): _____ **Credit Hours** ____ **ATTRIBS:** _____

Writing Intensive: Yes No **Liberal Arts Course:** Yes No **Presentation Skills:** Yes No **Instructor:** _____

In the table below, select any changes you wish to make in the bottom row. The previous year's values are in the grey shaded row.

Select A Term (See chart for course times)	Select Restrictions	Online Instruction	Select Schedule Type
Session I <input type="checkbox"/> 5 Week Course (5/18-6/22) I <input type="checkbox"/> 2 ½ Week Course (5/18-6/6) A <input type="checkbox"/> 2 ½ Week Course (6/7-6/22) B <input type="checkbox"/> 1 Week Course – Dates: _____ <input type="checkbox"/> MVGC I (5/18-6/22)	<input type="checkbox"/> Majors Only <input type="checkbox"/> Non-Majors Only <input type="checkbox"/> Special Permission <input type="checkbox"/> Open to All Students	<input type="checkbox"/> Online Only <input type="checkbox"/> Hybrid (Online & On-Campus) Hybrid On-Campus Dates: _____	<input type="checkbox"/> Activity <input type="checkbox"/> Student Teaching <input type="checkbox"/> Lab <input type="checkbox"/> Co-Op Education <input type="checkbox"/> Studio <input type="checkbox"/> Seminar <input type="checkbox"/> Research <input type="checkbox"/> Directed Study <input type="checkbox"/> Fieldwork <input type="checkbox"/> Observation <input type="checkbox"/> Internship <input type="checkbox"/> Participation <input type="checkbox"/> Lecture <input type="checkbox"/> Ind. Study
Session II <input type="checkbox"/> 5 Week Course (6/27-8/1) II <input type="checkbox"/> 2 ½ Week Course (6/27-7/13) C <input type="checkbox"/> 2 ½ Week Course (7/14-8/1) D <input type="checkbox"/> 1 Week Course – Dates: _____ <input type="checkbox"/> MVGC II (6/27-8/1) <input type="checkbox"/> 10 Week Course (5/18-8/1)			

Requested Classroom: Building: _____ Room: _____ **Start Time:** _____ **End Time:** _____ **Days:** _____

Standard enrollment cap set for summer courses is 25. Do you elect to raise the cap to 28 to be eligible for additional pay if student enrollment is 22 or greater? Yes
Only available for traditional and web classes.

Request for alternative enrollment cap: Number _____ Justification _____ Attach Additional Sheets If Needed

Instructor Signature: _____ C-Number: C00 Date: _____

Department Chair Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Associate Provost Final Approval: _____ Date: _____

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OFFICE USE ONLY: COURSE CRN: _____ ENTERED BY: _____ DATE: _____ Former CRN: _____