

Summer 2012 Course Building & Proposal Form



Please complete one of these forms for each course you would like to suggest for inclusion in the 2012 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** _____ **Gen-Ed Category:** _____

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

Select A Term (See chart for course times)	Select Restrictions	Online Instruction	Select Schedule Type
<p>Session I</p> <p><input type="checkbox"/> 5 Week Course (5/21-6/25)</p> <p><input type="checkbox"/> 2 ½ Week Course (5/21-6/6)</p> <p><input type="checkbox"/> 2 ½ Week Course (6/7-6/25)</p> <p><input type="checkbox"/> 1 Week Course – Dates: _____</p> <p><input type="checkbox"/> MVGC I (5/21-6/25)</p> <p>Session II</p> <p><input type="checkbox"/> 5 Week Course (6/27-8/1)</p> <p><input type="checkbox"/> 2 ½ Week Course (6/27-7/16)</p> <p><input type="checkbox"/> 2 ½ Week Course (7/17-8/1)</p> <p><input type="checkbox"/> 1 Week Course – Dates: _____</p> <p><input type="checkbox"/> MVGC II (6/27-8/1)</p> <p><input type="checkbox"/> 10 Week Course (5/21-8/1)</p>	<p><input type="checkbox"/> Majors Only</p> <p><input type="checkbox"/> Non-Majors Only</p> <p><input type="checkbox"/> Special Permission</p> <p><input type="checkbox"/> Open to All Students</p>	<p><input type="checkbox"/> Online Only</p> <p><input type="checkbox"/> Hybrid (Online & On-Campus)</p> <p>Hybrid On-Campus Dates: _____</p>	<p><input type="checkbox"/> Activity <input type="checkbox"/> Student Teaching</p> <p><input type="checkbox"/> Lab <input type="checkbox"/> Co-Op Education</p> <p><input type="checkbox"/> Studio <input type="checkbox"/> Seminar</p> <p><input type="checkbox"/> Research <input type="checkbox"/> Directed Study</p> <p><input type="checkbox"/> Fieldwork <input type="checkbox"/> Observation</p> <p><input type="checkbox"/> Internship <input type="checkbox"/> Participation</p> <p><input type="checkbox"/> Lecture <input type="checkbox"/> Ind. Study</p>

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

Maximum Number of Students (If not standard 25): _____

Justification for Different Capacity: _____

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

Attach Additional Sheets If Needed

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

Department Chair Signature: _____ Date: _____

Dean's Signature for Approval: _____ Date: _____

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