

SUMMER 2018 COURSE SCHEDULE FORM

Return to your Dean by Wednesday, November 8, 2017

Please complete one of these forms for each course you would like to suggest for inclusion in the 2018 Summer Session offerings.

Department: _____ Course Subject: _____ Course Number: _____

Cross-List (if any): _____ Course Title: _____

Instructor name (please print): _____

Fees (beyond standard fees & tuition): Yes No Fee amount: _____ (budget sheet must be attached)

Select a Term	Select Restrictions	Online Instruction	Number of Credits	Grading Mode
Session I: <input type="checkbox"/> 5/22 – 6/23 Session II: <input type="checkbox"/> 7/3 – 8/4 Full Term: <input type="checkbox"/> 5/15 – 8/11 Short Term: <input type="checkbox"/> 5/15 – 6/2 Course dates that do not follow one of the above approved parts of term require Dean approval. dates: _____	<input type="checkbox"/> Majors Only List majors: _____ <input type="checkbox"/> Special Permission: _____ <input type="checkbox"/> No restrictions	<input type="checkbox"/> Synchronous online (please list times on form) <input type="checkbox"/> Asynchronous online <input type="checkbox"/> Combined online (please list times on form) <input type="checkbox"/> Hybrid (Online & On-Campus) Hybrid on-campus dates: _____	If different than 3 (specify): _____ Maximum course capacity (can not be less than 20 without justification)	If different than Letter grade (specify): _____

Face to face: (750 minutes of instruction per credit hour)
 Requested Classroom: Building: _____ Room: _____ Start time: _____ End time: _____ Days: _____

Online: _____ Instructor has completed Online Best Practice Certification and ADA training: Yes No

Instructor signature: _____ A-number: _____ Email: _____

Date: _____

Department Chair signature: _____ Date: _____

OFFICE USE ONLY:	Course CRN: _____	Entered by: _____	Date: _____
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