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)

<table>
<thead>
<tr>
<th>Select a Term</th>
<th>Select Restrictions</th>
<th>Online Instruction</th>
<th>Number of Credits</th>
<th>Grading Mode</th>
<th>Maximum course capacity</th>
</tr>
</thead>
</table>
| Session I: □ 5/22 – 6/23 | □ Majors Only  
List majors:____________________________________ | □ Synchronous online (please list times on form)        | If different than 3  
(specify):            | If different than Letter  
grade (specify):       |                                                        |
| Session II: □ 7/3 – 8/4 | □ Special Permission:____________________               | □ Asynchronous online  
| Full Term: □ 5/15 – 8/11 | □ No restrictions                                      | □ Combined online  
(please list times on form)  
| Short Term: □ 5/15 – 6/2 |                              | □ Hybrid (Online & On-Campus)  
Hybrid on-campus dates: |                              |                              |

Course dates that do not follow one of the above approved parts of term require Dean approval.

dates:____________________________________

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: _________________

OFFICE USE ONLY:        Course CRN: ____________ Entered by: ____________ Date: _________________