



University of Richmond Summer School 2017

Proposed Summer School Online Course Offering Form

Please Note:

- Please list only **ONE** online course proposal per form.
- All courses must be approved by the Academic Council prior to submission.
- Please be sure to indicate if an offering may be taken for BOTH undergraduate and graduate credit (300/300G level). All 500 and above numbered courses are for Graduate credit only.
- If the course is also offered in another discipline, please be sure to indicate all references.
- If a course carries PREREQUISITES, please be sure to specify them.

PROPOSED SUMMER OFFERING BY DEPARTMENT OF _____

Course Number: _____ Title: _____

Cross-referenced with: _____

No. of Units: _____ Undergraduate Graduate

Lab involved? Yes No Time: _____ Materials fee? Yes No Amount \$ _____

DESIRED TERM (Check one) <i>Dates are TENTATIVE</i>	DESIRED TIME (Check one)
<input type="checkbox"/> 5-WEEK I (5/15-6/17) <input type="checkbox"/> 5-WEEK II (6/19-7/22) <input type="checkbox"/> 8-WEEK I (5/15-7/08) <input type="checkbox"/> 6-WEEK II (6/19-7/29)	Days of the week ONLY if class is meeting on-campus at a specific time: Mon <input type="checkbox"/> Time: _____ Date: _____ Tue <input type="checkbox"/> Time: _____ Date: _____ Wed <input type="checkbox"/> Time: _____ Date: _____ Thu <input type="checkbox"/> Time: _____ Date: _____ Fri <input type="checkbox"/> Time: _____ Date: _____ Sat <input type="checkbox"/> Time: _____ Date: _____ Other specifics (if applicable): _____ _____

Room Preference: _____ Maximum Enrollment: _____

Special Needs: (i.e., maps, projector, DVD, etc.) _____

INSTRUCTOR: _____ Academic Rank: _____

HOME ADDRESS: _____

DAYTIME PHONE #: _____ UR ID #: _____ E-Mail Address: _____

PREREQUISITES (if any): _____

COURSE DESCRIPTION (only if description differs from UR academic catalogue): _____

Department Chair Signature: _____ Date: _____

Return by October 15, 2016 to:
 Cheryl Genovese
 Summer School Office

