



University of Richmond Summer Study Abroad

Proposed Summer Study Abroad 2015 Courses

Country _____

Dates of Trip _____ Number of Weeks _____

Approximate Cost of Trip _____

Please fill out the Summer Study Abroad course information below. This information will be published in the online Summer School schedule and Summer Abroad webpages.

Subject	Number	Title	Units

INSTRUCTOR(S) / DIRECTOR(S): _____

Academic Rank: _____

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

PREREQUISITES (if any): _____

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

Relevant Department Chair Signature(s): _____ Date: _____

Return by October 30 to:
 Cheryl Genovese
 Summer School Office

