



University of Richmond Summer School

Proposed Summer School Course Offering Form

Please Note:

- Please list only **ONE** course proposal per form.
- All courses must be approved by the Academic Council prior to submission.
- 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: _____ Lab involved? Yes No Time: _____

DESIRED TERM (Check one) <i>Dates at summer.richmond.edu</i>	DESIRED TIME (Check one)	
<input type="checkbox"/> 5-WEEK I <input type="checkbox"/> 5-WEEK II	<input type="checkbox"/> Mon–Fri	8:00 - 9:45 am
	<input type="checkbox"/> Mon–Fri	10:00 - 11:45 am
	<input type="checkbox"/> Mon–Fri	12:00 - 1:45 pm
	<input type="checkbox"/> Mon–Fri	2:00 - 3:45 pm
	<input type="checkbox"/> Mon, Tue & Thu	6:15 - 9:15 pm
	<input type="checkbox"/> Tue, Wed & Thu	6:15 - 9:15 pm
<input type="checkbox"/> Other _____		
<input type="checkbox"/> 8-WEEK I	<input type="checkbox"/> Mon & Wed	6:15 pm - 9:00 pm
	<input type="checkbox"/> Tue & Thu	6:15 pm - 9:00 pm
<input type="checkbox"/> 6-WEEK II	<input type="checkbox"/> Mon & Wed	6:00 pm - 9:35 pm
	<input type="checkbox"/> Tue & Thu	6:00 pm - 9:35 pm

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 to:
Cheryl Genovese
Summer School Office, SPCS

