



# University of Richmond Summer School

## 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.
- 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: \_\_\_\_\_ Online Format:  Blackboard (asynchronous)  Zoom (synchronous)

Lab involved?  Yes  No Time: \_\_\_\_\_

DESIRED TERM (Check one) <i>Dates at <a href="http://summer.richmond.edu">summer.richmond.edu</a></i>	DESIRED TIME (Check one)
<input type="checkbox"/> 5-WEEK I <input type="checkbox"/> 5-WEEK II <input type="checkbox"/> 8-WEEK I <input type="checkbox"/> 6-WEEK II	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 to:**  
 Cheryl Genovese  
 Summer School Office, SPCS

