



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.
- 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: _____ No. Credit Hrs. (if applicable) _____ Undergraduate Graduate

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

DESIRED TERM (Check one)*	DESIRED TIME (Check one)
<input type="checkbox"/> 4-WEEK I	<input type="checkbox"/> Mon–Fri 8:00 am - 10:10 am
<input type="checkbox"/> 4-WEEK II	<input type="checkbox"/> Mon–Fri 10:15 am - 12:25 pm
	<input type="checkbox"/> Mon–Fri 12:45 pm - 2:55 pm
	<input type="checkbox"/> Mon, Tue & Thu 6:15 pm - 9:55 pm
	<input type="checkbox"/> Tue, Wed & Thu 6:15 pm - 9:55 pm
	<input type="checkbox"/> Other _____
<input type="checkbox"/> 8-WEEK I	<input type="checkbox"/> Mon & Wed 6:15 pm - 9:10 pm
	<input type="checkbox"/> Tue & Thu 6:15 pm - 9:10 pm
<input type="checkbox"/> 6-WEEK I	<input type="checkbox"/> Mon & Wed 6:00 pm - 9:30 pm
<input type="checkbox"/> 6-WEEK II	<input type="checkbox"/> Tue & Thu 6:00 pm - 9:30 pm

* Dates will be sent when approved by the registrar's office.

Room Preference: _____ Maximum Enrollment: _____

Special Needs: (i.e., maps, projector, video tapes, 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 17, 2009, to:
Cheryl Genovese
Summer School Office

