Mayterm/Summer 201___ Off-Campus Course Request Form

Course Information
Course Title: ____________________________________________________
Course Number: ___________________________ Credits ________
Where will this course take place: ________________________________________

Personnel:
Primary Faculty Contact for OCS Office____________________________________
Is this course in load ___ yes ___ no
Non-Faculty who are going and their role:
  Name _____________________________________________________________
  Role _____________________________________________________________
  Rationale _________________________________________________________

Structure
On campus needs during normal Mayterm schedule:
  No on campus time is planned ______
  On Campus needs:
    classroom: number of days _____ dates: __________ to __________
    Student housing and meals days _____ dates: __________ to __________
    other _________________________________________________________
  Travel dates:
    Leave ________________________________
    Return ______________________________

Promotional ideas:
  Describe plans to promote this course. (use separate sheet)

Course approval:
OCS Director ___________________________________________ _________
  signature date
Other ___________________________________________ _________
  signature date
(For example, if athletes in the class are using their sport as a planned part of the trip this
needs to be signed by the Executive Director of Athletics.)

This is step one. Other information will be provided once this is submitted.