

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.