

Residential Course Request - Mayterm or Summer 2018

To request **Online courses** – use Online Course Request instead (Provost website/Forms)
To request **Off-Campus Studies** - use OCP Course Request instead (Provost website/Forms)
Do not include Summer Research Institute

Faculty Member: Please submit completed request to Department Chair by September 1, 2017.

Department Chair: Please submit all departmental request forms to the Academic Dean's Office by September 15, 2017.

Textbook adoption deadline for Mayterm/Summer courses is February 1, 2018.

Department: _____ Mayterm 2018 Summer 2018

Official dates for residential courses: (check as appropriate)

<input type="checkbox"/>	2-week: May 15 – 25
<input type="checkbox"/>	3-week: May 15 – June 1
<input type="checkbox"/>	4-week: May 15 – June 8
<input type="checkbox"/>	Summer: May 15 - August 24

If your course will deviate from these days, including having students on campus before or after, please give dates and details:

Course Title and Number:

Instructor(s):

Course description (if special topics course):

Student Credit Hours: 0 .5 .7 1 2 3 4 Other _____

*** Departments may change the variable credits being offered *only* until January 15, 2018.**

Is this course to be taught IN LOAD? no yes

- ❖ **Off-Campus Study Course?** no yes (if yes, please use Off-Campus form instead (ADO website/Forms or OCS Office)
- ❖ **Off-Campus Component?** no yes (if yes, please **ALSO** complete Off-Campus form (ADO website/Forms)
- ❖ **On-line Course?** no yes (if yes, please use Summer Online Course Request form instead (ADO website/forms)

Type of Course:

Lab Course? no yes
Research Course? no yes (needs approval by the Academic Dean's Office)
New course? no yes
Repeat Course? no yes (if yes, when was it last offered? _____)

This Course: satisfies a **Gen Ed** requirement satisfies a **major** requirement is primarily designed as an **elective**

Rationale for offering this course in Mayterm/Summer:

Projected course enrollment: _____

How will this course impact 2017-18 enrollments in this department's offerings?

Restricted enrollment? no yes If yes, restricted to? (i.e. Bio majors): _____

If yes, please describe the rationale for this restriction:

If the course is *restricted to fewer than 12* please provide a rationale for offering the course:

Special Requirements and Budget implications: For any YES response provide expected costs and how they will be covered.

Outside speakers? no yes (Costs _____)

Co-teachers from outside? ___no ___yes (Costs _____)

Transportation costs? ___no ___yes (Costs _____)

Specials materials or equipment purchases? ___no ___yes (Costs _____)

Please explain any other anticipated expenses.

Submitted by faculty member: _____ **Date** _____

Department Chair's Signature: _____ **Date** _____

Academic Dean's Office

___ **Approved**

Signature

___ **Stipulations** _____