

Recommended Course Offerings - Summer Session 2017

School or Department _____

Summer Chair _____

Dept. Address _____

Signature _____

Dept. Phone _____

E-Mail Address _____

Date _____

Course	Sem.	Meeting Times		Grading	Maximum	Proposed Instructor			Suggested
Number/Section	Hrs.	Dates	Hours	Option	Enrollment	Rank	Full Legal Name		Salary

See calendar attached for dates.

Total Instructional Budget Requested _____

See salary scale attached.

Summer Session Approval _____ Date _____

Remarks _____
