

Note: Please download this form and open it with Adobe Acrobat Reader before completing.

Recommended Course Offerings - Summer Session 2021

School or Department _____

Summer Chair _____

Dept. Address _____

Signature _____

Dept. Phone _____

E-Mail Address _____

Date _____

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

See calendar attached for dates.

Total Instructional Budget Requested _____

See salary scale attached.

Summer Session Approval _____ Date _____

Remarks _____

