

# SUMMER INSTITUTE PROPOSAL FORM

Name of proposed institute/program: \_\_\_\_\_

Location:

☐ Foggy Bottom ☐ Mount Vernon Campus

Your Name, title, & dept: \_\_\_\_\_

Campus address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Course(s) that are part of the institute:

Subject _____	Course _____	Section _____	Credits _____
Subject _____	Course _____	Section _____	Credits _____
Subject _____	Course _____	Section _____	Credits _____

Are these courses required or elective courses for your program or a secondary concentration? ☐ Yes ☐ No

Do these courses comprise part of a certificate program? ☐ Yes ☐ No

Course format: ☐ Face to face ☐ Online ☐ Hybrid

Estimated student enrollment for credit courses: \_\_\_\_\_

☐ 6-Week Session I (May 21-June 30) ☐ 8-Week Session (May 21-July 14)  
☐ 10-Week Session (May 21-July 28) ☐ 6-Week Session II (July 2-August 11)

Meeting days and times of class: Day: \_\_\_\_\_ Time: \_\_\_\_\_

Estimated contact hours\*: \_\_\_\_\_

\*Refer to the summer guidelines referenced in the Assignment of Credit Guidelines, found at [provost.gwu.edu](http://provost.gwu.edu), to ensure compliance with federal requirements.

Sponsoring Department(s): \_\_\_\_\_

Course level:

☐ Undergraduate only ☐ Undergraduate, open to graduate students  
☐ Graduate, open to qualified undergraduates ☐ Other  
☐ Graduate only

Will interested students be screened for admission? ☐ Yes ☐ No

Is the instructor's permission required prior to registration? ☐ Yes ☐ No ☐ Other: \_\_\_\_\_

Pre-requisites: \_\_\_\_\_ If the institute has been offered before, list year(s): \_\_\_\_\_

## PROGRAM DESCRIPTION

Attach a brief description of proposed course/program (for more details please reference the Faculty Guide, which may be requested from Summer & Non-Degree Programs at [gwsommer@gwu.edu](mailto:gwsommer@gwu.edu) or 202-994-6360), including:

- Intended goals of program: demonstrate how it addresses student retention and academic success
- Degree or program requirements met
- Dates of classes & total contact hours
- Targeted audience
- Draft syllabus & timeline
- Estimated student enrollment
- Special requirements for students (if applicable)
- Departmental plans to promote/market the program in addition to Summer and Special Programs marketing efforts

## BUDGET

Provide an estimate of projected program costs and revenues.

## APPROVAL

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Faculty Director (please print)

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Signature

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Date

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Department Chair(s) (please print)

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Signature

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Date

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Dean (please print)

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Signature

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Date

## SUBMISSION

Please send the completed form with attachments by **October 2, 2017.**

Georgette Edmondson-Wright  
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