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:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Course</th>
<th>Section</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, 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 gwssummer@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

_________________________  ______________________  _____________
Faculty Director (please print)  Signature  Date

_________________________  ______________________  _____________
Department Chair(s) (please print)  Signature  Date

_________________________  ______________________  _____________
Dean (please print)  Signature  Date

SUBMISSION

Please send the completed form with attachments by October 1, 2018.
Chrishon Blackwell  202-994-1979 (direct line)
Director, Office of Summer and Non-Degree Programs  202-994-6360 (Summer & Non-Degree Programs)
2100 Foxhall Rd, NW  202-994-9360 (fax)
Academic Building, Ste 115 cblackwell@gwu.edu
Washington, D.C. 20007