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:

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<th>Subject</th>
<th>Course</th>
<th>Section</th>
<th>Credits</th>
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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 18-June 27)    ❑ 8-Week Session (May 18-July 11)
❑ 10-Week Session (May 18-July 25)    ❑ 6-Week Session II (June 29-August 8)

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 gwsummer@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, 2019**.

Chrishon Blackwell
Director, Office of Summer and Non-Degree Programs
2100 Foxhall Rd, NW
Academic Building, Ste 115
Washington, D.C. 20007

202-994-1979 (direct line)
202-994-6360 (Summer & Non-Degree Programs)
202-994-9360 (fax)
cblackwell@gwu.edu