

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 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 gsummer@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

202-994-1979 (direct line)

Director, Office of Summer and Non-Degree
Programs

202-994-6360 (Summer & Non-Degree Programs)

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