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 22-July 1) ❑ 8-Week Session (May 22-July 15)
❑ 10-Week Session (May 22-July 29) ❑ 6-Week Session II (July 5-August 15)

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 3, 2016.

Georgette Edmondson-Wright
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