

CHHS INTERSESSION PROPOSAL FORM

YEAR ____ FALL/AUGUST ____ WINTER/JANUARY ____ SUMMER/MAY ____

Obtain recommendation and signature from the department head before submitting this proposal to the Dean. **Attach the current class syllabus** reflecting the proposed time period which includes, but is not limited to, the information listed under the course policy statement guidelines in the Faculty Handbook (4.5.1.2) as well as provide the description, an outline of topics and/or activities and deadlines that participants must meet. **An applicable syllabus must accompany each Intersession Proposal.**

1. Proposal submitted by _____

2. Title of Class _____

3. Course Code _____ Course Number _____ Credit Hour(s) _____ Contact Hours _____ TLE _____

4. Dates To Be Offered: From _____ To _____

5. Hours In Session: From _____ am / pm To _____ am / pm

6. Days of the week to meet: M T W TH F S SU

7. Instructor _____

Phone _____ Title/Rank _____ Highest Ed. Level Completed _____

Annual Salary _____ 2 ½% of Salary _____ TLE's x Cost per credit hour _____

2nd Instructor _____

Phone _____ Title/Rank _____ Highest Ed. Level Completed _____

Annual Salary _____ 2 ½% of Salary _____ TLE's x Cost per credit hour _____

8. Please list your preference of building and room(s) and list an alternate if your first choice is not available. Also, if the class you are teaching requires special equipment that is only found in a particular room, or if your class must have computers or other equipment.

Preference: Building _____ Room (s) _____ , _____

Alternate: Building _____ Room (s) _____ , _____

Special Facilities Required: Computer Lab (Location) _____

Other (please specify) _____

9. What enrollment limit does this class have, if any? _____

10. Please provide the following for the most recent offerings of this course:

Date/s _____ Enrollment _____

11. If this class is not listed in the catalog, please provide a description in the space below. If students from several academic disciplines could benefit from this class, please state the majors, minors, groups and organizations that might find it beneficial. **NOTE:** This description will be used on promotional materials, so please list highlights and specific points to promote interest. What marketing suggestions, in your department, do you have to promote this course?

12. Text: _____
Cost: _____ Author: _____
Publisher: _____ ISN# _____

***Please take into consideration the shortened time frame of Intersession and cost of books when selecting text.**

13. Will there be any additional supplemental fees that have been approved by the Board of Governors? If yes, specify:

You will receive both written and electronic notification regarding acceptance of this proposal.

PROPOSED BY:

Faculty Name Phone Date

RECOMMENDED BY:

Rationale or justification of how offering this course meets the mission of the department and CHHS.

Department Head Phone Date

Approved Disapproved

College Dean Phone Date