

Summer 2021 Course Submission Form

Course code and title: _____

Credits: _____ Instructor Name: _____

Method of Instruction (check one):

___ On campus ___ Online-Synchronous ___ Online-Asynchronous ___ Hybrid

- Preferred classroom, if applicable:

- Meeting times for in-person or synchronous components

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Other:

Session (check one):

___ Session 1 (5/19-6/29) ___ Session 2 (6/30-8/10) ___ Session 4 (5/19-8/10)

Courses must start on 5/19/2021 or 6/30/2021 but may have varied lengths of duration

Course end date: _____ Class limit: _____

Does this course satisfy any Gen Ed requirements? (Please indicate which one(s), if so)

Please provide rationale for teaching this course during the summer. Also, note any additional information your department chair may need for approval of this course for Summer 2021.

Department Chair Signature/Date: