

**\*SUMMER 2019 COURSE PROPOSAL\***

**DUE DATE: SEPTMBER 14TH, 2018**

**Please complete one form for each course** and submit it to your Area/Program Assistants. Area/Program Assistants please review with your Area Chair and forward the approved form to Jeanette Luong at luongj@berkeley.edu.

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**Course information**

Area/Program: \_\_\_\_\_ Course Number: \_\_\_\_\_ How many section(s): \_\_\_\_\_

Est. Enrollment: \_\_\_\_\_ Max Enrollment Limit: \_\_\_\_\_

Course Title: \_\_\_\_\_

Preferred Days & Time: \_\_\_\_\_

Requested Room Characteristics: \_\_\_\_\_

Session:  1<sup>st</sup> 6 week (5/20 – 6/28/2019)  10<sup>th</sup> week (6/3 – 8/9/2019)  8<sup>th</sup> week (6/17 - 8/9/2019)  
 2<sup>nd</sup> 6 week (7/1 – 8/9/2019)  3<sup>rd</sup> week (7/22 – 8/9/2019)  Special 6<sup>th</sup> week (6/17 - 7/26/2019)

Is this course open to the general public?  Yes  No

Has this course been approved for the Fall/Spring semester?  Yes  No

Has this course been approved for the summer?  Yes  No

If yes, please attach a copy of the most recent course syllabus.

If not, please submit a course approval form to Ilka Williams (See Jeanette Luong)

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**Instructor information**

Name of Instructor of Record: (GSE Fac.) \_\_\_\_\_

Instructor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**For GSE Faculty**--Will teaching this course in summer impact instructional offerings or workload during the fall or spring semester?  Yes  No

Actual Instructor(s) Name (only if different from above) \_\_\_\_\_

Actual Instructor(s) Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Other**

Additional Comments Re: Course Needs \_\_\_\_\_

**AREA CHAIR APPROVAL (SIGNATURE):** \_\_\_\_\_ **DATE** \_\_\_\_\_

**INSTRUCTOR OF RECORD (SIGNATURE):** \_\_\_\_\_ **DATE** \_\_\_\_\_

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For office use only

Date Received \_\_\_\_\_ GSE Review: \_\_\_\_\_ UCB/SS Submissions: \_\_\_\_\_ Room Assigned: \_\_\_\_\_