

**\*SUMMER 2020 COURSE PROPOSAL\***

**DUE DATE: SEPTEMBER 27TH, 2019**

**Please complete one form for each course** and submit 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 (5/26 – 7/2/2020)  10<sup>th</sup> week (6/8 – 8/14/2020)  8<sup>th</sup> week (6/22 - 8/14/2020)

2<sup>nd</sup> 6 week (7/6 – 8/14/2020)  3<sup>rd</sup> week (7/27 – 8/14/2020)  Special 6<sup>th</sup> week (6/22 -7/31/2020)

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: \_\_\_\_\_