

Summer Special Session Request

Office of the Provost

Department _____ Phone _____

Session Start Date _____ Session End Date _____

Course(s) to be Taught _____

Course	Cr Hrs	Time	Day	Place	Instructor	Anticipated Enrollment

Justification of Need for Summer Special Session Outside of Regular Summer Sessions:

A syllabus must be attached for each course.

Recommend

Approve

¹⁾ _____
Chairman Date

³⁾ _____
Provost Approved Date

²⁾ _____
Dean Date