

Summer Programs 2010 Course Scheduling Form

Undergraduate

Graduate

PST

Please choose one:

3 wks (5/17-6/4) Session 1

3 wks (6/7-6/25) Session 2

Variable Dates (5/17-8/6)

Variable Dates (5/17-8/6)

6 wks (5/17-6/25) Full Session

Department: _____ Course: _____ Section: _____ Credits: _____

Course Title: _____

Instructor's Name: _____

Instructor's Rank: Professor Associate Assistant Instructor Lecturer Adjunct

Gallaudet ID# (REQUIRED): _____ Or SSN (if no ID#): _____

Meeting Dates: MON TUE WED THU FRI SAT

Start Date: mm dd yy End Date: mm dd yy

Meeting Times: _____ am pm _____ am pm
Start End

Room Required: Yes No
If yes, please indicate building and room for class:

Building _____ Room _____

Do you need:

A TV & VCR for most or all of your class meetings? YES NO
A computer-based presentation system for most or all class meetings? YES NO
Computer stations for the students for most or all of your class meetings? YES NO

If this course requires an interpreter, please process forms through your Department Chair and Dean.
 Interpreter Needed (*Please check so that we are aware of the request.*)

Signature of Department Chair

Date

**Return form to:
Summer Programs
College of Professional Studies and Outreach
HMB S141**