

**\*SUMMER 2024 COURSE PROPOSAL\***

**DUE DATE: SEPTEMBER 27TH, 2023**

**Please complete one form for each course and submit form to Jeanette Luong at  
luongj@berkeley.edu.**

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**Course information**

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 – 6/28/2024) ☐ 10<sup>th</sup> week (6/3 – 8/9/2024) ☐ 8<sup>th</sup> week (6/17 - 8/9/2024)  
☐ 2<sup>nd</sup> 6 week (7/1 – 8/9/2024) ☐ 3<sup>rd</sup> week (7/22 – 8/9/2024) ☐ special 6<sup>th</sup> week ( \_\_\_\_\_ )

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 Pam Gleason (**cc 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 \_\_\_\_\_

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

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For office use only

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

Revised 8/23