

GRADUATE THEOLOGICAL UNION
Course Scheduling Information: INTERSESSION & SUMMER ONLY

General Instructions: Complete one form for each course offered. Forward all copies to the Office of the Dean (Registrar) of your school.

Term/Year: _____

Instructor(s): _____

Instructor(s) School(s): _____

Field(s) (2 field codes only): _____

Course #: _____
(list number if course was previously taught)

Level of Course (check only one):

- | | |
|--|--|
| <input type="checkbox"/> Introductory
(1000-1999) | <input type="checkbox"/> Intermediate
(2000-3999) |
| <input type="checkbox"/> Advanced
(4000-4999) | <input type="checkbox"/> Doctoral/
Advanced MA
(5000-5999) |
| <input type="checkbox"/> Doctoral
(Doctoral students only)
(6000-6999) | |

ONLINE course

Units: (check one) 1.5 3 1.5-3.0 Other _____

COURSE TITLE: _____
(No more than 30 characters, including spaces/punctuations; include subtitle, if any, in the course description)

COURSE DESCRIPTION: (Be concise, and include format [lecture/seminar], evaluation method [exams/research and/or reflection papers/presentations], and intended audience [e.g., MDiv, MA/MTS, DMin, PhD/ThD, or combination with varying requirements].)

PREREQUISITES:

REGISTRATION RESTRICTIONS: (Check ONLY if there are limits on the course)

- | | |
|---|--|
| <input type="checkbox"/> PIN REQUIRED, Maximum enrollment: # _____ | <input type="checkbox"/> Interview Required (PIN REQUIRED) |
| <input type="checkbox"/> NO PIN REQUIRED, Maximum enrollment: # _____
Faculty permission required (PIN REQUIRED) | <input type="checkbox"/> Auditors Excluded
Auditors with Faculty Permission |

OF SESSIONS PER WEEK: _____

OF SECTIONS (if more than 1): _____

DAY(S) & DATE(S) OF COURSE: from: _____ to: _____

MEETING TIME(S): from: _____ to: _____

Smart classroom requested

Check here if day and time are *to be arranged* during first course meeting

Schedule first meeting: _____ (date & time) _____ (place)

Dean's Signature/Date