SUMMER 2025 COURSE PROPOSAL

DUE DATE: SEPTMBER 27TH, 2024

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

Course information		
Course Number: How many section(s): E	st. Enrollment:	Max Enrollment Limit:
Course Title:		
Preferred Days & Time:		
Requested Room Characteristics:		
Session: $ \Box 1^{st} 6 \text{ week } (5/27 - 7/3/2025) $		8 th week (6/23 - 8/15/2025)
\square 2 nd 6 week (7/7 – 8/15/2025) \square 3 rd week (7/7)	7/7 – 8/15/2025)	special 6 th week ()
Is this course open to the general public?	☐ Yes	□ No
Has this course been approved for the Fall/Spring semest	er? \square Yes	□ _{No}
Has this course been approved for the summer? If yes, please attach a copy of the most recent course	Yes e syllabus.	□ No
If not, please submit a course approval form to Jean	ette Luong	
Instructor information		
Name of Instructor of Record: (GSE Fac.)		
For GSE Faculty- -Will teaching this course in summer fall or spring semester?		
Actual Instructor(s) Name (only if different from above)		
Actual Instructor(s) Phone:	Email:	
Other		
Additional Comments Re: Course Needs		
INSTRUCTOR OF RECORD (SIGNATURE):		DATE
For office use only		
Date Received GSE Review: UCB/SS	Submissions:	Room Assigned:

Revised 8/24