



**Undergraduate Course Proposal Contract  
Winterim 2010**

*Faculty, discuss with your department chair whether there is a Winterim teaching assignment for you. If so please complete all areas of this form by tabbing from one text box to the next and submit it to your department chair for approval. Department chairs will submit it to Gail Carr at [gailc@plymouth.edu](mailto:gailc@plymouth.edu) or fax to x5-2823 or mail to MSC 10. (This form is not to be used for experimental courses.)*

**INSTRUCTOR (Please type or print):** \_\_\_\_\_

**Course Number** \_\_\_\_\_ **Course Title:** \_\_\_\_\_

**Cap:** \_\_\_\_\_ **Credits:** \_\_\_\_\_ **Building and Room Number:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Days: (M,T,W,R,F,S,U)** \_\_\_\_\_

**Start Time(s)** \_\_\_\_\_ **End Time(s)** \_\_\_\_\_

**Actual Meeting Dates for Blended and/or Weekend Courses:**

\_\_\_\_\_  
\_\_\_\_\_

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Evening     | <input type="checkbox"/> Evening/Blended | <b>For all blended courses, please list the number of hours face-to-face:</b> _____ |
| <input type="checkbox"/> Weekend     | <input type="checkbox"/> Weekend/Blended |   |
| <input type="checkbox"/> 100% Online |  |   |

I would like my course to be guaranteed using the Winterim Guidelines for Teaching

**Yes Explain** (e.g., this is a required course for the major): \_\_\_\_\_

**No**

**Special needs for this course:** \_\_\_\_\_

**Instructor's MSC #** \_\_\_\_\_ **Last 4 digits of SS# xxx-xx-** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone Extension** \_\_\_\_\_ **email address** \_\_\_\_\_

**Department Chair Approval:** \_\_\_\_\_

(Please notify Gail Carr of your approval with this form.)

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*To be completed by Frost School Staff*

**CRN** \_\_\_\_\_ **Date Entered in Banner** \_\_\_\_\_ **Initials** \_\_\_\_\_