



Summer Term 2019: Approval form

1. Course number & title: _____
2. Instructor(s): _____
3. Credits: _____
4. Justification for offering summer course: _____

5. No. of Students expected to register for this course*: _____
* (If registered no. of students are less than five, proper justification has to be given)
6. Proposed schedule for summer course:
 - Course Start date: _____
 - Schedule: Monday to Friday, _____ am/pm to _____ am/pm
 - Course end date: _____
 - Total Contact Hours- 42(for 3 credit course): _____
 - Mid Exam date: _____
 - End Exam date: _____
 - Grades Submission date: _____

Signature of Course Instructor (with date)

Name:

Signature of HoD

Deputy Registrar (A.P.)

DEAN (A.P.)

DIRECTOR