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## Summer Term 2017: Approval form

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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**

**Joint Registrar (A.P.)**

**DEAN (A.P.)**

**DIRECTOR**