BILLING INFORMATION

School Division/Agency: ___________________________ Attention: ___________________________
(Address of person to send invoice)
Address: __________________________________________ Email: ___________________________
                      Street address                      City/State/Zip

COURSE INFORMATION

Contact Person: ___________________________ Phone: ___________________________ Email: ___________________________
Course Title: __________________________________________
Semester: ___________________________ Credit Hours: ______ Anticipated Enrollment: ______
Location of Course: ___________________________ Room #: ______
                  Beginning Date: ___________ Ending Date: ___________
Day(s) of Week: ___________________________ Time: ___________________________

NOTE: Grading is limited to letter grades for contract courses – if other grades are expected, please confer with Alex Bodenham at abodenha@gmu.edu.

SCHEDULE EXCEPTIONS
(The above format is based on the assumption that this class meets weekly. If not, please attach a complete listing of scheduled meetings, documenting 15 contact hours for each credit hour. If the proposed class follows the standard format with an occasional exception, (i.e. class will not meet February 20), please note the exceptions in the space below.)

PROPOSED INSTRUCTOR INFORMATION
(PLEASE NOTE: If the course has two instructors, please give the information below for each instructor. Enclose a Faculty Information Sheet and Resume or Vita for each NEW instructor.)

Name: ___________________________ SS # ___________________________
Home Phone ___________ Work Phone ___________ Email ___________________________
Home Address ___________________________ City ___________________________ State ______ Zip ______

PROPOSED CO-INSTRUCTOR INFORMATION

Name: ___________________________ SS # ___________________________
Home Phone ___________ Work Phone ___________ Email ___________________________
Home Address ___________________________ City ___________________________ State ______ Zip ______

3/13/2017