

BILLING INFORMATION

School Division/Agency: _____ Attention: _____
(Name 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 _____