This sheet must accompany all proposals for extra-cost short-term units. Its purpose is to provide accurate and comparative information to the division chairs, Dean of the Faculty, and Accounting Office.

*Division Chairs recommend extra-cost short-term units based on a variety of factors. Primarily, we must ensure that all students enrolling in extra-cost units have access to financial aid. Thus we cannot select units whose combined total enrollment would exceed the financial budget presented us.*

*Within these financial constraints, we seek to choose units with substantive content, clear organization and logistics, and reasonable costs. We are aided in our discussions of these matters by specific budgets, thorough course descriptions, and past or proposed syllabi. We also consider whether proposed units overlap in terms of destination or content, whether faculty proposing units have often or recently taken units off campus, and how units fit into the rest of the Bates curriculum.*

Department: _______________________________; Instructor: _______________________________________

Unit title: ______________________________________________;  Unit No.: ___________________________

Off-campus location: ___________________________________________________________________________

Maximum number of students: _______________

Minimum number of students needed to make the unit financially viable: ______________

Brief description of unit content, intellectual goals, pedagogical format, and evaluation of students (*please include past or proposed syllabi, if available)*:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Criteria for selection of students:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Projected total extra cost per student:

_____________________________________________________________________________________________

Projected total extra cost of unit (no. students x cost per student):

_____________________________________________________________________________________________
Please explain any significant costs in your budget for which you cannot obtain a firm price before the short term begins:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Duration of unit being off campus: _________________________________________________________________

Names of instructors if more than one: _______________________________________________________________

Submitted by instructor: ____________________________ (Signature) ____________________________ (Date)

Approved by department/program chair: ____________________________ (Signature) ____________________________ (Date)

Signatures of chair if more than one required: ____________________________ (Signature) ____________________________ (Date)