|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Year:** |  | **Term:** |  | **Course ID:** |  |
|  |
| **Submitted By:** |  | **Subcommittee:***ART, HUM, SMT, SOC* |  |
| **Submission Date:** |  | **Revision Date(s):** |  |
| **Course Title:** |  |
|  | **Name(s)** | **Email(s)** | **Phone #(s)** |
| **Coordinator(s):** |  |  |  |
| **Presenter(s):** |  |  |  |
|  | **Sessions:** |  | **Duplicate Sessions?:** |  | **Min:** |  | **Max:** |  |  |
| **Course Description:***Limit description to seven lines.For multiple sessions, provide overview and individual session descriptions, limiting each of these to seven lines apiece.* |  |
| **Preferred Modality:***(See Notes below)\** | **In-Person** | **Hybrid** | **Virtual** | **Offsite** | **Extra Fees:** (If any) |  |
|  |  |  |  |
| **Special Instructions:** *(If any)* |  | **Offsite Details:** |  |
|  **Presenter(s) Background:***Describe education and work.* *Please limit to seven lines per presenter.* |  |
|  | **Presenter Affiliation:** | **HASP Member** |  | **Hope-Affiliated** |  | **Other** |  |  |
| **Preferred Days & Times:** |  | **M** | **Tu** | **W** | **Th** | **F** | **Additional Availability Information** |
| **9:30-11:00 AM** |  |  |  |  |  | **Available:** |  |
| **1:00-2:30 PM** |  |  |  |  |  | **Not Available:** |  |
| **Summarize schedule preferences from above:** |  |
| **Additional A/V Equipment Requested:** |  | **Other Special Instructions:***(if any)* |  |
| **Explain extra HASP costs other than printing:** |  |