



SPECIAL SESSIONS ACADEMIC COURSE REQUEST

College of Extended Learning

Please complete this form and return it to the College of Extended Learning (CEL) Downtown Campus (DTC) via the Department Chairperson and Dean. A separate form is needed for each course. If the faculty is going to teach as a volunteer, CEL will need a completed volunteer form.

INSTRUCTOR INFORMATION

Instructor Name _____ Rank _____

SFSU ID Number _____ Department _____

Day Phone _____ Evening Phone _____ Email _____

Mailing Address _____ City _____ Zip Code _____

Can your contact info be released to interested students? Yes ___ No ___

Are you a SFSU faculty? Yes ___ No ___ Retired Faculty? Yes ___ No ___ FERP? Yes ___ No ___

Have you taught for CEL in the past 2 years? Yes ___ No ___

COURSE INFORMATION

Department/Subject Course Number Course Title Units

Does the course have more than one component? Yes ___ No ___ If yes, what types? _____

Is this course cross-listed? Yes ___ No ___ If yes, with what course? _____ WTUs _____

Requested Scheduling: Fall ___ Winter ___ Spring ___ Summer ___ Year _____

Course Type: Online ___ Face-to-Face ___ Hybrid ___ Enrollment Limit: _____

Course Location: At Holloway ___ At Downtown Campus ___ Off-Campus ___

At Romburg Tiburon ___ At Sierra Nevada Field Campus ___ Online _____

Dates Days of the Week Start Time End Time Building Room Special Room/Equipment Needs (Please Specify)

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

REQUIRED SIGNATURES

Instructor's Signature Date I certify that I am in compliance with the CSU Additional Employment Policy Yes ___ No ___ (SFSU faculty only)

Department Chairperson's Signature Date I approve this course and verify the instructor will not be in overload by teaching this course. (125% maximum workload)

College Dean's Signature Date I approve this course and verify the instructor will not be in overload by teaching this course. (125% maximum workload)

Please scan and email this form to either Donn Callaway, Director, donnc@sfsu.edu or if known to the Special Sessions Coordinator managing your program: Janet Alford, jalford@sfsu.edu; Joy O'Donnell, joyo@sfsu.edu; Robert Martin, robertm@sfsu.edu.

The original should be sent via intercampus mail to Special Sessions, College of Extended Learning, Downtown Campus.