

NON-CREDIT WORKSHOP PROPOSAL FORM

CSU, Chico Research Foundation

Regional & Continuing Education, CSU, Chico, Chico, CA 95929-0250 Phone: 530-898-6105, Fax: 530-898-4020

If you wish to teach in the California State University, Chico Extension program, please complete this form and return it to Continuing Education. A separate form must be completed for each workshop proposed.

1. Requested Scheduling: Fall 20 Winter Session 20 Spring 20 Summer 20

2. Proposed workshop title:

3. Please provide a course description and attach other supportive information which may be used for marketing purposes. Include a resume or C.V.

4. Instructor Name:

Home Address:

Day Phone:

Evening Phone:

E-mail Address:

Can your contact information be released to interested students? Home Work
E-mail Address

5. Please provide a brief biography (may be used for marketing purposes). Include a resume or C.V.:

6. Requested Scheduling:

Dates (mo/day) Days of Week Start/End Time Building Room Special Room/Equipment Needs (*please be specific*)

7. Please describe target audience for this course:

Will you provide a mailing list? Yes No

8. Suggested base fee: \$ Additional fees per student necessary to support this course. (e.g. materials, lab, etc.): \$ Materials fee \$ Lab fee

TOTAL FEE per student: \$ All costs must be presented to Continuing Education prior to authorization of work.

Instructor's Signature: _____ Date _____ Approved: _____ Date _____

CONTINUING EDUCATION USE ONLY	
Course	
Term	
Room	
Confirm	
Keys	
Name Tags	
Material List	

2a. Type of Course

(Check and complete those that apply)

Online/Media or CD Course

Available as a credit course?

Department & #:

Registration Deadline :

(if no deadline, must meet first class)

Minimum Enrollment

Maximum Enrollment

Course should NOT be advertised

Course should carry BRN approval

Course should carry BBS approval

Course should carry MCEP approval

9. Pay status

Independent Contractor
(Complete agreement)

CSU, Chico Payroll

New Instructor