Revised 2016

SPECIAL SESSION COURSE PROPOSAL

California State University, Chico

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 Special Session program, please complete this form and return it to Continuing Education via the Department Chairperson and Dean. A separate form must be completed for each course proposed.

1. List below the course you propose. New course numbers must be established by the Department/School.

Subject Prefix | Course Number | Course Title | Units

Grading Method *(choose one)*: CR/NC or Letter

2. Instructor Name: Rank:

Home Address: Are you a CSU, Chico Faculty? Yes No

Day Phone: Evening Phone: Department Zip: Retired faculty? Yes No Ferp'd? Yes No

3. E-mail Address **4.** Can your contact info be released to interested students? Home Work E-mail

5. Additional fees necessary to support this course (e.g. for tangible materials) — All costs must be presented to Continuing Education prior to work authorization.
$ per student. Is this an approved fee on file w/ Business Affairs? Yes No

6. Please provide a course description and attach other supportive information which may be used for marketing purposes. *Special Topics only. RCE will use catalog text for all other courses.*

Is this course cross-listed: Yes No If yes, with what class?

Will faculty permission be required to enroll? Yes No (if course is set up for specific student, enter name in the description area above)

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

On Campus
Off Campus - List Site Below

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

8. _____ I certify that I am in compliance with the CSU Additional Employment Policy (for CSU Faculty only): Yes No
Instructor's signature and Date

Approved: _____ Department Chairperson _____ Date _____ College Dean _____ Date

Special Topics courses require advance campus notification and may be offered no more than once. A memo of intent to offer has been issued per the Academic Department Manual: Yes No

CONTINUING EDUCATION USE ONLY
Sect/Term
Room
CE #
Total fees $
Packet/# Cards
Material List
Keys
Name Tags
Confirm

9. Type of Course
(Check and complete those that apply.)

Online/Media or CD course
Bb Learn Instructor Website
Vista RCE Online
Contract course *(no faculty salary)*
Agency name and full address:

Registration Deadline:
(If no deadline, must meet first class)

Minimum Enrollment:

Maximum Enrollment:

Course should NOT be advertised

Available as a Non-Credit workshop
Total fee $ Crs #

Course should carry relicensure credit

Total hours
(Total hrs must equal 15 hrs per unit)

Total number of class meetings

reset form print form