

Professional Development & Extension Credit Course Section Request Form

A course syllabus MUST be attached. For new instructors, please attach a CV or resume.

Program Name _____
Sponsoring Department _____
Program Contact _____
 (if different than below) Phone _____ Email _____

Instructor _____ **Red ID** _____
Address _____ **Phone** _____
 _____ **Email** _____

Course Information

Course Title _____
Course Number _____ **Enrollment Min / Max** _____ / _____
SIMSR Catalog # _____ **Program Category** _____
Units _____ **Class Hours** _____
Grading Method Credit / No Credit Letter Grade
Fee/Unit _____ **Learning Mode** _____
Will Instructor be paid by CES? Yes No
Proposed Salary _____ OR Per CSU Salary Scale 2323

Course Dates / Times

Beginning Date _____ **End Date** _____
Registration Deadline _____
Course times _____
Days (check all that apply) Mon Tue Wed Thu Fri Sat Sun
Location _____ OR Online
Arrangements to be made by Instructor / Agency College of Extended Studies

Has this course been offered previously? Yes No

If yes, indicate when and under what title:

Course Description (as it may appear in catalog; please attach separate sheet if necessary)

Prerequisites
(if applicable)

Grading Standards

Writing Component

Special Requirements

For 500-numbered courses, specify any special requirements for graduate students:

For 500-numbered courses, if grading standards and weights are identical for graduate and undergraduate students, please justify:

**Required Texts
& Materials**

Signatures

Department Chair _____ Date _____

Budget / Resource Analyst _____ Date _____

**If the instructor assigned to this course is an SDSU faculty member, I certify that the 25% overload limit has not been exceeded.*

College Dean _____ Date _____

CES Director _____ Date _____