

Special Sessions Course Section Request Form

Program Name _____
Sponsoring Department _____
Program Contact _____
Phone _____ Email _____

Course Information

Course Title _____
Course Number _____ **Enrollment Min / Max** _____ / _____
SIMSR Catalog # _____ **CS Number** _____
Units _____ **Grading Method** _____
Fee/Unit _____ **Learning Mode** _____

Course Dates / Times

Beginning Date _____ **End Date** _____
Registration Deadline _____ **Course times** _____
Days (check all that apply) **Mon** **Tue** **Wed** **Thu** **Fri** **Sat** **Sun**
Location *College of Extended Studies* *Online* *Off Campus* *SDSU Main Campus*

Instructor Information

Name _____	Red ID _____
Phone _____	Email _____
Rank _____	TTF _____
Proposed Salary _____	Or CSU Salary Scale 2322

Name _____	Red ID _____
Phone _____	Email _____
Rank _____	TTF _____
Proposed Salary _____	Or CSU Salary Scale 2322

Name _____	Red ID _____
Phone _____	Email _____
Rank _____	TTF _____
Proposed Salary _____	Or CSU Salary Scale 2322

Notes

Signatures

Department Chair / Director_____
Budget / Resource Analyst_____
College Dean

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