

# 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** *SDSU Global Campus* *Online* *Off Campus* *SDSU Main Campus*

## Instructor Information

<b>Name</b> _____	<b>Red ID</b> _____
Phone _____	Email _____
Rank _____	TTF _____
Proposed Salary _____	Or CSU Salary Scale 2322

---

<b>Name</b> _____	<b>Red ID</b> _____
Phone _____	Email _____
Rank _____	TTF _____
Proposed Salary _____	Or CSU Salary Scale 2322

---

<b>Name</b> _____	<b>Red ID</b> _____
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.*