

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

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

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.