

Winter Session Course Approval Form

A proposed course syllabus MUST be att	ached.		
Contact Information			
Department			
Instructor	EMPL ID		
Faculty Rank	Email		
Course Information			
Course # & Title			
Enrollment Min	Enrollment Max		
Has this course been previously offered online by this instructor? Yes No			No
Notes (additional instructors, spec	cific requirements, etc.)		
Required Texts & Materials			
Signatures			
Department Chair / Director		Date	
Budget / Resource Analyst *if the instructor assigned to this course is an SDSU faculty member, I certify that the 25% over		Date t has not been exceed	eded.
College Dean / Designee		Date	