



**SPECIAL SESSIONS ACADEMIC COURSE REQUEST  
College of Extended Learning**

Please complete this form and return it to the College of Extended Learning (CEL) Downtown Campus (DTC) via the Department Chairperson and Dean. A separate form is needed for each course. If the faculty is going to teach as a volunteer, CEL will need a completed volunteer form.

**INSTRUCTOR INFORMATION**

Instructor Name \_\_\_\_\_ Rank \_\_\_\_\_

SFSU ID Number \_\_\_\_\_ Department \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Can your contact info be released to interested students? Yes \_\_\_ No \_\_\_

Are you a SFSU faculty? Yes \_\_\_ No \_\_\_ Retired Faculty? Yes \_\_\_ No \_\_\_ FERP? Yes \_\_\_ No \_\_\_

Have you taught for CEL in the past 2 years? Yes \_\_\_ No \_\_\_

**COURSE INFORMATION**

\_\_\_\_\_  
Department/Subject Course Number Course Title Units

Does the course have more than one component? Yes \_\_\_ No \_\_\_ If yes, what types? \_\_\_\_\_

Is this course cross-listed? Yes \_\_\_ No \_\_\_ If yes, with what course? \_\_\_\_\_ WTUs \_\_\_\_\_

Requested Scheduling: Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer \_\_\_ Year \_\_\_\_\_

Course Type: Online \_\_\_ Face-to-Face \_\_\_ Hybrid \_\_\_ Enrollment Limit: \_\_\_\_\_

Course Location: At Holloway \_\_\_ At Downtown Campus \_\_\_ Off-Campus \_\_\_\_\_

At Romburg Tiburon \_\_\_ At Sierra Nevada Field Campus \_\_\_ Online \_\_\_\_\_

Dates Days of the Week Start Time End Time Building Room Special Room/Equipment Needs (Please Specify)

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**REQUIRED SIGNATURES**

\_\_\_\_\_  
Instructor's Signature Date I certify that I am in compliance with the CSU Additional Employment Policy Yes \_\_\_ No \_\_\_ (SFSU faculty only)

\_\_\_\_\_  
Department Chairperson's Signature Date I approve this course and verify the instructor will not be in overload by teaching this course. (125% maximum workload)

\_\_\_\_\_  
College Dean's Signature Date I approve this course and verify the instructor will not be in overload by teaching this course. (125% maximum workload)

Please scan and email this form to either Donn Callaway, Director, donnc@sfsu.edu or if known to the Special Sessions Coordinator managing your program: Janet Alford, jalford@sfsu.edu; Joy O'Donnell, joyo@sfsu.edu; Robert Martin, robertm@sfsu.edu.

The original should be sent via intercampus mail to Special Sessions, College of Extended Learning, Downtown Campus.