



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

Please complete this form and return it to the College of Extended Learning Downtown Campus via the Department Chairperson and Dean.

INSTRUCTOR INFORMATION

Instructor Name _____ Rank _____

SFSU ID Number _____ Department _____

Day Phone _____ Evening Phone _____ E-Mail _____

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'd Yes ___ No ___

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

COURSE INFORMATION

Subject _____ Course Number _____ Course Title _____ Units _____

Is this course cross-listed? Yes ___ No ___ If yes, with what course? _____ WTUs _____

Requested Scheduling: Fall ___ Winter ___ Spring ___ Summer ___

Course Type: Online ___ Face-to-Face ___ Hybrid ___ Enrollment Limit _____

Course Location: At Holloway ___ At DTC ___ Off-Campus ___

At Romburg Tiburon ___ At Sierra Nevada Field Campus ___

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 Dr. Angie Lipschuetz, Associate Dean, alipschuetz@sfsu.edu

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