

# Professional Development Credit

# Course Proposal

MICROSOFT WORD FORM – MUST BE TYPED (except signatures)

*Course outline and resume MUST be attached.*

|  |  |  |
| --- | --- | --- |
| **1.**  | **Instructor:** | Full name |
|   | **Home Address:** | Home address line 1 | **Telephone (Evening):** | (###) ###-#### |
|  | Home address line 2 | **Telephone (Day):** | (###) ###-#### |
|   | **Business Address:** | Business address line 1 | **Fax:** | (###) ###-#### |
|  | Business address line 2 | **Email:** | Click here to enter text. |
|  | **Date of Birth:** | \_\_/\_\_/\_\_ |
|  | **Red ID** | ######### |  |  |
| **2.**  | **Will instructor be paid by Extended Studies?**  | [ ]  Yes | [ ]  No | **Proposed Salary:** | $Click here to enter amount |
| **3.**  | **Contracting Agency (if applicable):** | Click here to enter text |
| **4.**  | **Sponsoring Department:** | Click here to enter text | **5. Course No.:** | Click here to enter text |
| **6.**  | **Course Title:** | Click here to enter text | **7. Units:** | \_.\_ |
| **8.**  | **Course Description (as it may appear in catalog; please attach separate sheet if necessary):** |
|  | Click here to enter text |
| **9.**  | **Prerequisites (if applicable):** |
|  | Click here to enter text |
| **10. Total number of hours class will meet:** | Click here to enter text | **11. Learning Mode:** | Choose an item |
| **12.**  | **Course Dates, Times, Days:** |
|  **Beginning Date:** | \_\_/\_\_/\_\_ | **Ending Date:** | \_\_/\_\_/\_\_ |
|  **Class Meeting Times:** | \_\_:\_\_ - \_\_:\_\_ |  |
|  **Days (check all applicable):** | [ ]  M [ ]  T [ ]  W [ ]  Th [ ]  F [ ]  Sat [ ]  Sun |

|  |  |  |
| --- | --- | --- |
| **13.**  | **a. Location** | Click here to enter text |
|  **b. Arrangements to be made by:**  | [ ]  Instructor/agency | [ ]  Extended Studies |  |
|  |
| **14.** | **Writing Component:** | Click here to enter text |
| **15.** | **Text(s):** | Click here to enter text |
| **16.** | **Grading:**  | [ ]  Credit/No Credit | [ ]  Letter Grade |  |
| **17.** | **Grading standards:** |
|  | Click here to enter text |
| **18.** | **Special Requirements:**  |
|  | Click here to enter text |
| **19.** | **Has this course been offered previously?**  | [ ]  Yes | [ ]  No |  |
|  | **If “yes,” indicate when and under what title:** |
|  | Click here to enter text |
| SIGNATURES |
| Department Chair |  | Date |  |
| College Dean\* |  | Date |  |
| Budget/Resource Analyst (initials, if applicable)\* |  | \* If the instructor assigned to this course is a SDSU faculty member,  I certify that the 25% overload limit has not been exceeded. | Date |  |
| Extended Studies Director |  | Date |  |