

# Extension Credit Course Section Request Form

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.** | | **Course Credit Units:** | | | \_.\_ | |
| **8.** | **Weighted Teaching Units:** | | | Click here to enter text | | | | **9.** | **Learning Mode:** | | | | Choose an item | | | | | | | | |
| **10.** | **Course Description (as it may appear in catalog; please attach separate sheet if necessary):** | | | | | | | | | | | | | | | | | | | | |
|  | Click here to enter text | | | | | | | | | | | | | | | | | | | | |
| **11.** | **Prerequisites (if applicable):** | | | | | | | | | | | | | | | | | | | | |
|  | Click here to enter text | | | | | | | | | | | | | | | | | | | | |
| **12.** | **Total number of hours class will meet:** | | | | | | ## | |  | | | | | | | | | | | | |
| **13.** | **Course Dates, Times, Days:** | | | | | | | | | | | | | | | | | | | | |
| **Beginning Date:** | | \_\_/\_\_/\_\_ | | | | | | | | | | **Ending Date:** | | | | \_\_/\_\_/\_\_ | | | | | |
| **Class Meeting Times:** | | | \_\_:\_\_ - \_\_:\_\_ | | | | | | | | |  | | | | | | | | | |
| **Days (check all applicable):** | | | | | M  T  W  Th  F  Sat  Sun | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **14.** | | **a. Location** | Click here to enter text | | | | | | | | | | | | |
| **b. Arrangements to be made by:** | | | | | | | Instructor/agency | | | | Extended Studies |  | | | |
|  | | | | | | | | | | | | | | | |
| **15.** | **Writing Component:** | | | | Click here to enter text | | | | | | | | | |
| **16.** | **Text(s):** | | | Click here to enter text | | | | | | | | | | |
| **17.** | **Grading:** | | | Credit/No Credit | | | | Letter Grade | | | | |  | |
| **18.** | **Grading standards:** | | | | | | | | | | | | | |
|  | Click here to enter text | | | | | | | | | | | | | |
| **19.** | **Special Requirements:** | | | | | | | | | | | | | |
|  | **A. For 500-numbered courses, specify any special requirements for graduate students.** | | | | | | | | | | | | | |
|  | Click here to enter text | | | | | | | | | | | | | |
|  | **B. For 500-numbered courses, if grading standards and weights are identical for graduate and undergraduate students, please justify.** | | | | | | | | | | | | | |
|  | Click here to enter text | | | | | | | | | | | | | |
| **20.** | **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 |  |