

**For Office Use Only**

Date Received \_\_\_\_\_

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Semester \_\_\_\_\_

Fee per Unit \_\_\_\_\_

# College of Extended Studies (CES) Special Sessions Special Topics Course Proposal

PLEASE TYPE

*Course outline and resume MUST be attached.*

1. Instructor \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone (Evening) \_\_\_\_\_

\_\_\_\_\_ Telephone (Day) \_\_\_\_\_

Business Address \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_ Red ID \_\_\_\_\_

2. Will instructor be paid by Extended Studies? \_\_\_\_\_

3. Contracting Agency (if applicable) \_\_\_\_\_

4. Sponsoring Department \_\_\_\_\_ 5. Course No. \_\_\_\_\_

6. Course Title \_\_\_\_\_ 7. Units \_\_\_\_\_

8. Name of Special Session Program: \_\_\_\_\_

9. Course Description (as it may appear in the CES catalog; please attach separate sheet if necessary):

10. Prerequisites (justification for 496 and 596 courses should be provided)

11. Total number of hours class will meet \_\_\_\_\_

12. Course Dates, Times, Days:

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Class Meeting Times \_\_\_\_\_

Days (Indicate day[s] M T W Th F Sat Sun): \_\_\_\_\_

13. Location (a) \_\_\_\_\_

(b) Arrangements to be made by  Instructor/agency  College of Extended Studies

14. Enrollment Limit: \_\_\_\_\_

15. Writing Component: \_\_\_\_\_

16. Text(s)

17. Grading:

18. Grading standards

19. Special Requirements:

A. For 500-numbered courses, specify any special requirements for graduate students.

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B. For 500-numbered courses, if grading standards and weights are identical for graduate and undergraduate students, please justify.

20. Has this course been offered previously?

If "yes," indicate when and under what title

**SIGNATURES**

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

College Curriculum Committee \_\_\_\_\_ Date \_\_\_\_\_

College Dean \_\_\_\_\_ Date \_\_\_\_\_

If the instructor assigned to this course is a SDSU faculty member, I certify that the 25% overload limit has not been exceeded.

Academic Affairs Review \_\_\_\_\_ Date \_\_\_\_\_

Undergraduate or Graduate  
Topics Committee \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director Extended Studies \_\_\_\_\_ Date \_\_\_\_\_