

(Continuing and Global Education Use Only)

FRESNO STATE

Continuing and Global Education
5005 N. Maple Ave. M/S ED76
Fresno, CA 93740-8025
559.278.0333 • FAX 559.278.0395

SPECIAL SESSION COURSE PROPOSAL FORM

(Incomplete forms will be returned)

(Continuing and Global Education Use Only)

Fall Summer Spring Year _____

Class No. _____

Class Section _____

Event ID _____

Lecture Lab/ACT

Tuition Fee \$ _____ Course Fee \$ _____

Cohort Size _____

NOTE: The Division of Continuing and Global Education is self-supporting. An operating budget will be constructed for the course or program.

Name of Degree, Certificate, Cohort, or other special target group:

Subject <small>(e.g. ACCT)</small>	Catalog No. <small>(e.g. 144)</small>	Description—16 characters including spaces <small>(complete section on reverse for all Topic courses)</small>	Course ID	Units
Class Dates _____		Begin	End	
Lecture	Time	Days of the Week	Preferred Bldg./Room No.	Assigned Bldg./Room No. (Office Use Only)
LAB/ACT	Time	Days of the Week	Preferred Bldg./Room No.	Assigned Bldg./Room No. (Office Use Only)

Enrollment: Min. _____ Max. _____ Classnotes: 15 (Web-Enhanced) 17 (Web-Based) Other _____

Restricted Enrollment: (Instructor or Department consent required for students to enroll). No Yes. If yes, permission numbers will be sent to:
 Instructor Dept. Admin. Asst. Program Coordinator Dept. Chair other _____ (check all that apply)

Computer Lab Needed: Mac **OR** PC Smart Classroom

Are there any approved course fees for this class? No Yes Amount \$ _____

Will this class be team taught? No Yes [If yes, please attach additional form with "instructor information" section completed for other instructor(s)]

Instructor Information

Instructor's Name: _____

Last First Middle Initial (Needed for Payroll Purposes)

Highest Degree Held _____ E-mail Address _____

Home Address _____

Street City State Zip Code

Fresno State ID _____ Telephone _____

(Office) (Off-Campus Phone)

Campus Department _____ Mail Stop _____

Financial Eligibility: Will this assignment put you over the 125% workload limit? No Yes. If yes, you may not be currently eligible to teach this class. Please contact the Faculty Affairs Office for clarification.
Are you on the Faculty Early Retirement Program (FERP)? No Yes, contact Faculty Affairs.

For instructors who are not currently Fresno State employees/faculty:

Is this your first time signing up with California State University, Fresno Payroll Services? Yes, we will inform you of the next steps
 No, list date of last appointment _____

FOR OFFICIAL USE ONLY – TO BE COMPLETED BY DEPARTMENT STAFF Signature _____ Extn _____

Instructor Rank: (please check one) Professor Associate Professor Assistant Professor Teaching Associate
 Lecturer D Lecturer C Lecturer B Lecturer A Lecturer L Volunteer (volunteer form attached)

Instructor's Signature _____ Date _____

Approved by Department Chairperson _____ Date _____

Approved by College/School Dean _____ Date _____

Authorized by _____ Date _____

Authorized Signature, Continuing and Global Education

IF THIS PAGE IS NOT COMPLETED THE APPLICATION WILL BE RETURNED.
(Attach separate sheet if necessary.)

Complete this section for classes that are not part of a CGE degree, certificate or other cohort-based program.

Target Audience: Please describe the intended audience for your course and any specific organizations, associations, professions, etc., useful in marketing your course.

Course Objectives/Student Learning Outcomes:

Instructor Description (40 words maximum) as it would appear in CGE promotional materials:

This Section is to be completed for Topic Courses Only:

Grading Option: Letter Grade Credit/No Credit Grade (CR/NC) Mixed (student chooses letter or CR/NC grading)

Full Course Title:

Course Description: (150 words maximum), as it would appear in CGE promotional materials: