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(Continuing and Global Education Use Only)	
<input type="checkbox"/> Winter Intercession	[]
<input type="checkbox"/> May/June Intercession	Year
Class No.	_____
Class Section	_____
Event ID	_____
Lecture	Lab/ACT
Tuition \$	_____

2012 INTERSESSION COURSE PROPOSAL FORM

Subject <small>(e.g. MBA)</small>	Catalog No. <small>(e.g. 210)</small>	Description (16 characters including spaces)	Course ID	Units
Class Dates _____		Begin _____	End _____	
Lecture _____	Time _____	Days of the Week _____	Preferred Bldg./Room No. _____	Assigned Bldg./Room No. (Office Use Only) _____

Guide: lecture based courses meet for 15 hours per unit. A 3 unit lecture course should meet for 45 hours per term.

LAB/ACT _____	Time _____	Days of the Week _____	Preferred Bldg./Room No. _____	Assigned Bldg./Room No. (Office Use Only) _____
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Enrollment Max.: _____ **Classnotes:** 15 (Web-Enhanced) 17 (Web-Based) Other Classnotes _____
To add new classnotes, see reverse

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

Restricted Enrollment: Yes—Permission Numbers Required—Checking this box will require DAAs to generate Permission Numbers for Registration.

Are there any **approved** additional course fees associated with this class? Yes No Amount \$ _____

Will this course be team taught? No Yes (If yes, please attach instructor information for second faculty member)

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

CSUF ID _____ Telephone _____
(Office) (Off-Campus Phone)

Instructor's Present Rank: **(please check one)** Instructor Assistant Professor Associate Professor Professor

Campus Department _____ Mail Stop _____

Financial Eligibility: Are you receiving any compensation from Foundation or Auxiliary sources (including Grants and Contracts) during Intercession?

No Yes _____ hours

Are you receiving a stipend (Sources might include Department Chair, CSALT, Provost, College, etc.) during Intercession?

No Yes _____ hours

Are you receiving any other State of California compensation during Intercession? No Yes _____ hours

Are you on the Faculty Early Retirement Program (FERP)? No Yes

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

Have you signed up with California State University, Fresno Payroll Services? Yes No - Necessary forms will be sent to you.

Instructor _____ Date _____

Approved by Department Chairperson _____ Date _____

Approved by College/School Dean _____ Date _____

Authorized by _____ Date _____

Authorized Signature, Division of Continuing and Global Education

New Classnotes: Please provide the wording for any new classnotes, a number will be assigned when the class is created.

1.

2.

3.

Please complete the following for Topics Courses Only:

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

Title of Course:

Student Learning Outcomes:

Course Description: 150 words maximum, as it will appear in the Summer Session Class Schedule: