

# ACADEMIC & SPECIAL SESSIONS COURSE PROPOSAL FORM

## FALL/SPRING

DEPT. # \_\_\_\_\_

FACULTY \_\_\_\_\_

Please fill out the entire form before submitting to the School of Extended and International Education (SEIE). All proposals must be approved by the Department Chair(s) and Dean of the appropriate School(s). Attach extra sheets as necessary.

### COURSE INFORMATION

Dept. # (i.e. BUS 800) \_\_\_\_\_ Cross-listed Dept. # \_\_\_\_\_ Units \_\_\_\_\_ GE Area \_\_\_\_\_

Course Title (university catalog title) \_\_\_\_\_

**FORMAT:**

- In-person
- Hybrid
- Online
- If Online:
  - Synchronous
  - Asynchronous

**This course has:**

- In-person Meeting  M  T  W  Th  F

Dates \_\_\_\_\_ Times \_\_\_\_\_

- Synchronous Online Meeting  M  T  W  Th  F

Dates \_\_\_\_\_ Times \_\_\_\_\_

- Asynchronous Instructional Hours

Enrollment Max \_\_\_\_\_

### INSTRUCTOR DATA

- New to SSU  New to SEIE  Repeat Faculty (semester last taught) \_\_\_\_\_

Name \_\_\_\_\_ Empl ID# \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_

Rank \_\_\_\_\_ Highest Degree \_\_\_\_\_

Home Address \_\_\_\_\_

Preferred Email \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Bio:  On File  New/Change (email to julie.shell@sonoma.edu)

Resume/CV:  Tenured/Tenure Track (not needed)  On File  New/Change (email to julie.shell@sonoma.edu)

### CO-INSTRUCTOR DATA

- New to SSU  New to SEIE  Repeat Faculty (semester last taught) \_\_\_\_\_

Name \_\_\_\_\_ Empl ID# \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_

Rank \_\_\_\_\_ Highest Degree \_\_\_\_\_

Home Address \_\_\_\_\_

Preferred Email \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Bio:  On File  New/Change (email to julie.shell@sonoma.edu)

Resume/CV:  Tenured/Tenure Track (not needed)  On File  New/Change (email to julie.shell@sonoma.edu)

### SEIE OFFICE USE ONLY

Program \_\_\_\_\_  Metis Input (date) \_\_\_\_\_

Session	Dept. #	Section	Class #	Units	Fee	Max	Min	Room
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

- Special Facilities requested  Special Software requested  Additional Expense Items

Notes: \_\_\_\_\_  
 \_\_\_\_\_

## FACILITIES REQUIREMENTS

**CLASSROOM REQUEST:** 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_  
(Subject to University scheduling)

Room Features:  Smart Room  Building \_\_\_\_\_  Tables  Desks  Windows  Sink  Stage

Other Requests: \_\_\_\_\_

**LAB REQUEST:** 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_  
(Subject to University and/or IT scheduling)

» **IF COMPUTER LAB IS REQUESTED, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

*Per IT, all instructors are required to attend a lab orientation prior to the first day of class.*

Computer Type:  Mac  PC

Dates Needed: \_\_\_\_\_

Times Needed: \_\_\_\_\_

Software Needed (University-owned): \_\_\_\_\_

Software Supplied (providing personal software): \_\_\_\_\_

*(Contact IT Helpdesk at 707-664-4357 right away for procedures regarding installing personal software)*

Other Computer Needs: \_\_\_\_\_

**OFF-CAMPUS LOCATION**

Off-Campus Rental: \_\_\_\_\_

Location: \_\_\_\_\_

Facility Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fee: \$ \_\_\_\_\_  Total  Per Day  Per Week  Per Month

## SUPPLEMENTAL PROGRAM REQUIREMENTS

*If you answer "yes" to any of the following sentences, please complete the corresponding supplemental form included in this packet.*

Will your course require photocopying?  No  Yes *(please complete Supplemental page 1)*

Will you have additional expenses that need to be incorporated into the course fee?  No  Yes *(please complete Supplemental page 1)*

Will you have any guest speakers or TAs?  No  Yes *(please complete Supplemental page 2)*

## SIGNATURES

We can accept hard copy, electronic signatures, and email approval.

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Co-Instructor \_\_\_\_\_ Date \_\_\_\_\_

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

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

**NOTE:** *Non-faculty SSU employees must obtain the signature of their appropriate administrator.*

Appropriate Administrator \_\_\_\_\_ Date \_\_\_\_\_

### Cross-Listed Course Signatures

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

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

**Please return completed proposals to Julie Shell in the School of Extended and International Education. All proposals must be approved by the Department Chair(s) and Dean(s) of the appropriate School(s). Attach extra sheets as necessary.**

## SUPPLEMENTAL INFORMATION PAGE I

### ADDITIONAL INSTRUCTIONAL EXPENSES

*Please note: according to University policy, instructors are not allowed to collect fees directly from students. Instructional expenses MUST be included with your proposal in order for them to be factored into the course fees. Expense items added after course approval, or in excess of authorized amounts, will not be honored or reimbursed.*

#### COPYING

- Standard course fees include up to 20 copies per student. An additional course fee is assessed for copies over the limit.
- Instructors duplicating their materials must submit an invoice for reimbursement with original receipts immediately after the last class meeting to Judy Vincenti in the SEIE office: judy.vincenti@sonoma.edu.
- Instructors using material of their own authorship who want SEIE to duplicate their materials must include a statement granting permission for duplication.
- SEIE needs 90 days of lead time to duplicate copyrighted materials. These will be available for purchase through the SSU Bookstore.

HOW MANY COPIES?	SEIE	INSTRUCTOR
Non-Copyright Material	#	#
Copyright Material	#	#
Personal-Copyright Material	#	#

#### ADDITIONAL EXPENSES *(i.e. art supplies, flash drives, etc.)*

ITEM	PER STUDENT	TOTAL COST
	#	\$
	#	\$
	#	\$
<b>TOTALS:</b>		\$

#### FIELD TRIPS

- Contact the Risk Management Office well in advance for policies governing drivers, insurance, training, etc.
- Cost of transportation will be added to course fees.

I will require a State vehicle *(A Class B License is required to drive 12–15 passenger vehicles)*

I have a Class B license

Students will carpool *(this does not increase student fee, however, liability waivers and proof of insurance are required)*

DESTINATION	DATE OF TRIP	MILEAGE FROM SSU	ADMISSION FEE (PER STUDENT)
			\$
			\$
			\$

## SUPPLEMENTAL INFORMATION PAGE 2

### GUEST SPEAKERS AND TEACHING ASSISTANTS

#### Person #1

New to SSU

Guest Speaker (date(s) speaking \_\_\_\_\_)  Teaching Assistant (total hours \_\_\_\_\_)

Name \_\_\_\_\_ Empl ID# \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_

Home Address \_\_\_\_\_

Preferred Email \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Volunteer  Academic Credit  Paid \$ \_\_\_\_\_  Total  Per \_\_\_\_\_

#### Person #2

New to SSU

Guest Speaker (date(s) speaking \_\_\_\_\_)  Teaching Assistant (total hours \_\_\_\_\_)

Name \_\_\_\_\_ Empl ID# \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_

Home Address \_\_\_\_\_

Preferred Email \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Volunteer  Academic Credit  Paid \$ \_\_\_\_\_  Total  Per \_\_\_\_\_