ACADEMIC COURSE PROPOSAL FORM—SUMMER SESSION 2021

COURSE INFORMATION

☐ 12-Week Session (May 24 - August 13)   ☐ 4-Week Session II (June 21 - July 15)

☐ 4-Week Session I (May 24 - June 17)   ☐ 4-Week Session III (July 19 - August 12)

Dept. # *(i.e. BUS 800)* _____   Cross-listed Dept. # _____   Units _____   GE Area _____

Course Title *(university catalog title)* _____

Enrollment: Max_____ Min_____

FORMAT:

☐ Online/Remote:

    ☐ Synchronous

    ☐ Asynchronous

    ☐ Bisynchronous

☐ In-person *

☐ Hybrid *

This course has: *(check all that apply)*

☐ In-person Meeting ☐ M ☐ T ☐ W ☐ Th ☐ F
   Dates _____
   Times _____

☐ Synchronous Online Meeting ☐ M ☐ T ☐ W ☐ Th ☐ F
   Dates _____
   Times _____

☐ Asynchronous Instructional Hours

* All Summer 2021 classes must be offered remotely unless approved for an exception for lab- or field-based instruction.

PRE-REQUISITES: ☐ Use standard pre-requisites ☐ Waive all pre-requisites ☐ Other _____

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

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: _____

(for approved exceptions only)

Room Features: ☐ Smart Room ☐VCR ☐ DVD Player ☐ I will use my own laptop

☐ 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: _____

SUPPLEMENTAL REQUIREMENTS

If you answer yes to any of the questions below, please complete the appropriate section, on the following page.

Will you have additional expenses that need to be incorporated into the course fee?　☐ No　☐ Yes

Will you have any guest speakers or TAs?　☐ No　☐ Yes

If you answered no to all of the above questions, you do not need to submit the supplemental page.

SIGNATURES

We can accept electronic signatures and email approval.

By submitting this proposal, I agree that:

- I must inform SEIE if I wish to cancel my class for low enrollment (below 12) no later than two weeks before the first day of class;
- I may not cancel a course with 12 or more enrollments except in the most serious circumstances;
- Classes can only be canceled after consultation with the SEIE Summer Session Coordinator.

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 via email to julie.shell@sonoma.edu. 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

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 (for campus-based classes only)
- 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
	$	$
	$	$
	$	$
TOTALS:		$

GUEST SPEAKERS AND TEACHING ASSISTANTS

> **GUEST SPEAKERS AND TEACHING ASSISTANTS ARE SUBJECT TO APPROVAL FOR SUMMER SESSION 2021. PLEASE CONTACT JULIE SHELL FOR MORE INFORMATION.**

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 _____

SONOMA STATE UNIVERSITY | School of Extended & International Education
International Hall 100 • 1801 E. Cotati Avenue, Rohnert Park, CA 94928 • 707.664.2394