

# Academic & Special Sessions Course Proposal Form

Interession 2022 (January 5–January 19)

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

Department Number (i.e. BUS 800) \_\_\_\_\_ Cross-listed Department Number \_\_\_\_\_

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

Units \_\_\_\_\_ GE Area \_\_\_\_\_ Enrollment Max \_\_\_\_\_ Enrollment Min \_\_\_\_\_

**Format**  In-person  Hybrid  Online **If Online or hybrid:**  Synchronous  Asynchronous  Bisynchronous

This course has:

In-person Meetings  Monday  Tuesday  Wednesday  Thursday  Friday

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

Synchronous Online Meetings  Monday  Tuesday  Wednesday  Thursday  Friday

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

Asynchronous Instructional Hours

**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 \_\_\_\_\_ Employee ID# \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_

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

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

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

## Co-instructor Data

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

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

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

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

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

## SEIE Office Use Only

Program \_\_\_\_\_

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

Special Facilities requested  Special Software requested  Additional Expense Items

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

\_\_\_\_\_

# Facilities Requirements

## Classroom Request (Subject to University scheduling)

First choice \_\_\_\_\_ Second choice \_\_\_\_\_

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

Building \_\_\_\_\_  Tables  Desks  Windows  Sink  Stage

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

## Lab Request (Subject to University and/or IT scheduling)

First choice \_\_\_\_\_ Second choice \_\_\_\_\_

### If computer lab is requested, please provide the following information:

*Per IT, all instructions 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 your course require photocopying?  Yes  No

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

Will you have any guest speakers of TAs?  Yes  No

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

## Signatures

We can accept hard copy, 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 Friday, December 10, 2021;
- 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 Intersession 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 on 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

## 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 meeting to Judy Vincenti in the SEIE office: [judy.vincenti@sonoma.edu](mailto: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>		

## Guest Speakers and Teaching Assistants

Guest speakers and teaching assistants are subject to approval for Intersession 2022. Please contact Julie Shell for more information

### Person #1

New to SSU

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

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

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

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

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

### Person #2

New to SSU

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

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

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

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

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