



# Short-Term Study Abroad Program COURSE REQUEST FORM

College of Extended Learning

TERM:  Winter  Spring  Summer  Fall 20\_\_\_\_\_

Thank you for your interest in teaching through the Short-Term Study Abroad Program at the College of Extended Learning (CEL). If you have any questions, please contact Leah Rodrigues at 415.817.4273 or lrodrig@sfsu.edu. Return forms via interoffice mail to the SFSU Downtown Campus, 835 Market Street, 6<sup>th</sup> Floor, fax to 415.817.4299, or email to lrodrig@sfsu.edu.

## Section 1 – Information About You

Instructor's First/Last Name: \_\_\_\_\_

University Id Number: \_\_\_\_\_ Email: \_\_\_\_\_

*Leave blank if you have taught for CEL previously. NEW to CEL? This information is required to add you to the course system.*

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Rank: \_\_\_\_\_ Dept.: \_\_\_\_\_ Have you previously taught at CEL?: \_\_\_\_\_

*Professor, Assoc. Professor, Asst. Professor, Lecturer If yes, list course/semester/year.*

✓ How will the instructor be paid: By your department \_\_\_ CEL \_\_\_

## Section 2 – Information About Your Course

Course Dept./Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Semester/Year: \_\_\_\_\_ Enrollment Limit: \_\_\_\_\_ Units: \_\_\_\_\_ or WTUs: \_\_\_\_\_

*Weighted Teaching Units*

Program Dates: \_\_\_\_\_

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

**Preliminary Itinerary & Course Description:** please attach to Course Request Form. [A Detailed Itinerary will be needed 90 days prior to departure.]

## Section 3 – Department/College Recommendation

I approve this course and instructor for inclusion in the College of Extended Learning, Short-Term Study Abroad Program.

Dept. Chair  
Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assoc. Dean or Dean  
Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_