



# 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 Karen Maguire at 415.405.3532 or kjmac@sfsu.edu. Return forms via interoffice mail, fax (415.338.7290), or email to kjmac@sfsu.edu.

## Section 1 – Information About You

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

University Id Number (UIN): \_\_\_\_\_

*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: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

## 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 60 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: \_\_\_\_\_