

Class Section Add Form

Submit this completed form to the College of International and Extended Studies (CIES). Extended Zip 0135 or Fax: 408.924.2666. Upon completion, the form will be returned by email or fax with the assigned class and section number. A Special **Session Instruction Appointment Form** must be submitted to Faculty Affairs to meet hiring requirements.

Term: Spring Summer Fall Year: _____

College: _____ Department: _____

Requestor Name: _____ Requestor Email: _____

Requestor Phone: _____ Requestor Fax: _____

Subject Area: _____ Catalog Number: _____

Class Title: _____ Units: _____

Special Program: _____ or Supervision Class or Advising Class: _____

Tuition/ Administrative (check one) Fee Per Unit: \$ _____ Flat Fee: \$ _____

*You must enter the exact Class Start/End Dates, Meeting Start/End Times and days for class meetings. For "WW" Instruction Mode, TBA will apply. Indicate additional scheduling details in the "Notes" section below.

Maximum Enrollment: _____ Class Start Date: _____ Class End Date: _____

Days of Week: U M T W R F S Meeting Start Time: _____ Meeting End Time: _____

Department Consent: Y N Instruction Mode: _____ Print Class in Schedule: Y N

On Campus: Y N if Yes - Room Needed: Y N Off Campus: Y N if Yes - Location: _____

* For Faculty-Led Programs (FLP) **ONLY**, indicate the class(es) and number of unit(s) each student will enroll in:

Course (e.g. BIOL 101): _____ Course: _____ Course: _____

Units (e.g. 3, 4): _____ Units: _____ Units: _____

Tuition Per Unit: \$ _____ Administrative Flat Fee: \$ _____ Program Fee: \$ _____

*Note any special instructions for this course (including salary agreements):

Instructor's Employee ID Number: _____

(Instructor MUST have existing Employee ID Number with HR in order to assign to a section)

| | | |
|-------------------|------------------------|------|
| Instructor's Name | Instructor's Signature | Date |
|-------------------|------------------------|------|

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| _____ | _____ | _____ |
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|-------------------|------------------------|------|
| Instructor's Name | Instructor's Signature | Date |
|-------------------|------------------------|------|

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| _____ | _____ | _____ |
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| Dept. Chair/ Program Director's Name | Dept. Chair/ Program Director's Signature | Date |
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| College Dean/ Designee's Name | College Dean / Designee's Signature | Date |
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FOR CIES OFFICE USE ONLY

Associate Dean's Signature of Approval: _____ Date: _____

Processed By: _____ Class Number: _____ Section: _____

Units: _____ F: _____ D: _____ U: _____ Fee Type: _____ Term Code: _____