

### 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
_____	_____	_____

Instructor's Name	Instructor's Signature	Date
_____	_____	_____

Dept. Chair/ Program Director's Name	Dept. Chair/ Program Director's Signature	Date
_____	_____	_____

College Dean/ Designee's Name	College Dean / Designee's Signature	Date
_____	_____	_____

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