

CALIFORNIA STATE UNIVERSITY, EAST BAY

CONTINUING EDUCATION COURSE PROPOSAL

Welcome to University Extension. Thank you for your interest in having us review your course for CEU's or academic credit. We will review your proposal and if approved, forward it to the appropriate academic department for credit authorization. Guidelines for course proposal are available www.ce.csueastbay.edu. Please attach a copy of this form to **two copies** of your course proposal, resume and submit to:

Cal State East Bay Continuing Education
25800 Carlos Bee Blvd
Hayward, CA 94542-3012
FAX: (510) 885-4817

Date _____

Name _____

Address _____

City _____

Day Phone (____) _____ Fax (____) _____

Home Phone (____) _____

Have you previously taught for Cal State East Bay Continuing Education? No _____ Yes _____

Sponsoring Agency (if applicable) _____

Contact Person _____
Name Title

Address _____

City _____ State _____ Zip _____

Day Phone (____) _____

PROPOSED COURSE TITLE:

Title _____ Total Course Hours _____

Days, Dates & Times _____

Requested Credit Level (Please check the appropriate box):

- Upper Division (7000 – 7699)
- Graduate Level (7700 – 7999)
(typically appropriate for advancement on teacher salary schedule)
- Continuing Education Units (8000 – 8999)
- Noncredit (9000 – 9999)