

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 at www.ce.csueastbay.edu. Please attach a copy of this form to **two copies** of your course proposal, resume and submit to address above.

Last Name:	First Name:	Date:
Address:		Email address:
City:		State:
		Zip:
Phone #: ()	Have you previously taught for <i>Cal State East Bay Continuing Education</i> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Sponsoring Agency (*if applicable*):

Contact Person's Name:	Title:
Address:	City:
State:	Zip:
Contact's Phone #:	

PROPOSED COURSE INFO

Course Title:	Total Course Hours:
Days, Dates & Times:	

Requested Credit Level (Please check the appropriate box):

- | | |
|---|---|
| <input type="checkbox"/> Upper-division (800-849) | <input type="checkbox"/> Continuing Education Units |
| <input type="checkbox"/> Graduate (850-899) | <input type="checkbox"/> Non-credit |