**Intersession Programs Course Request Form**

**Select Term:** **[ ]  Wintersession 1T** **[ ]  Spring Intersession 2T** **[ ]  Summer Intersession 3T**

**Indicate Year: 20**

Rubric:       Course Number:

Course Title (as it appears in the catalog):

If this is a Special Topics course, add unabbreviated special topics title here then fill in 20-character abbreviated title below:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit hours:       Maximum Enrollment:       Course Type: [ ]  Lecture [ ]  Lecture/Lab[ ]  Research [ ]  Seminar

Is this course a general education course? [ ]  Yes [ ]  No

*Is this course web-based?* *[ ]  No* *[ ]  Yes, 1-49%* *[ ]  Yes, 50-99%* *[ ]  Yes, 100%*

*Do you require a multimedia classroom?* *[ ]  Yes* *[ ]  NoPlease indicate your room preference; room assignments are made by the Registrar’s Office.*

Suggested Building/Room #:       Suggested Lab Building/Room #:

Select Time: [ ]  9:00am – 12:30pm **Monday – Saturday** [ ]  1:00pm-4:30pm **Monday - Saturday**

Indicate any special notes or requirements as well as **required text(s**) and please provide Extended Learning with a syllabus as soon as possible.

Is this course part of a grant? [ ]  No [ ]  Yes – A copy of the grant must be attached to this form.

Name:       LSU ID #

**Faculty Information**

E-mail:      Phone:      Fax:       Alternate phone number

Preferred Mailing Address:

LSU Employment Status: [ ]  faculty [ ]  staff [ ]  grad assistant [ ]  research associate [ ]  adjunct [ ]  not an LSU employee

Faculty meets SACS requirement: [ ]  yes [ ]  no-If “no”, Academic Affairs must grant an exception. Extended Learning must be informed.

Is this course to be team-taught? [ ]  yes [ ]  no-If “yes”, indicated co-faculty here and attach separate CRF for each co-faculty.

***By teaching this course I will not exceed my allowable compensation set forth by PM-3****. I understand that processing my paperwork cannot begin until this CRF is complete including* ***all signatures****. I also understand that failing to provide all information requested may delay my paycheck.* ***I understand that my compensation is contingent upon sufficient enrollment.***

Faculty signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Departmental/Dean Approval: *Please send completed form with appropriate signatures.***

Faculty member will teach this course:

 as part of the regular academic appointment on-load? for extra compensation?

Chair/Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_