

Center for Professional Studies (CPS)

This form should be used for courses where the developer wishes to be hired by Fitchburg State College to develop and deliver a course. This form must be submitted with a syllabus that adheres to Fitchburg State College Graduate and Continuing Education Guidelines and a Facilities Request Form (both found at www.fsc.edu/cps/facultyforms).

Deadlines for submission: these deadlines are required in order to be listed in the GCE Bulletin and allow adequate marketing.

For a Fall Semester Course (Sept. 1 to Dec. 31) – April 20th

For a Spring Semester Course (Jan. 1 to May 31)– September 20th

For a Summer Course (June 1 to Aug. 31)– February 1st

Course requests submitted after these dates may be considered depending on course planning needs.

Course Information

Course Name

Please check if this is a repeat or new course New Repeat (previous course number: _____)

Course Type Requested	Schedule Number	Course Number	Section	# of Credits/PDPs	Student Cost
<input type="checkbox"/> Graduate Credit					
<input type="checkbox"/> Undergraduate Credit					
<input type="checkbox"/> Professional Development Points (PDPs)					

List all meeting dates, times and locations (If more room is needed, please attach a sheet listing additional dates, times and locations)

Meeting Dates	Meeting Times	Meeting Locations

Instructor Information

Have you taught for Fitchburg State College within the last 3 years? Yes No

Name:

E-mail:

(Most correspondence is via e-mail, please list an e-mail you check regularly)

Social Security Number:

Home Address:

Home Telephone:

Sponsoring Organization: Fitchburg State College

Work Telephone:

Submitted by (Instructor's Signature)

Date

Syllabus is attached

Facilities Request Form attached

To be Completed by Fitchburg State

Registration Start Date: _____

Registration End Date: _____

Grades Due to Registrar: _____

Approved for Faculty Pool? Yes Date approved _____

No

Pending

Faculty Rank: Instructor Assistant Professor Associate Professor Professor Salary for Course: _____

Salary to be paid by: FSC School District Grant Other

P3W1 _____

P3TU _____

Approved _____ Date _____