

SPECIAL TOPICS SECTION APPROVAL FORM

****This form is to be used specifically for ALL Special Topic sections with course numbers 192, 292, 392 or 492. These are the only Special Topic Sections currently authorized to bypass the Special Course Fee Procedures. FORM DUE DATE – This form must be fully approved and received by the Controller's Office at least one week prior to the section start date.**

YEAR/TERM: _____ SUBJECT: _____ COURSE #: _____ SECTION #: _____

TITLE: (26 characters max) _____ CREDITS: _____

SECTION DATES: START _____ END _____ MEETING DATES: START _____ END _____

HIGH SCHOOL: _____ LOCATION: _____

BUILDING: _____ ROOM: _____ START TIME: _____ END TIME: _____ DAYS: _____

CLASS CAP: _____ RESTRICTIONS: _____

FACULTY: (printed legal) _____ ID/SSN: _____

ADDITIONAL INSTRUCTOR INFORMATION (for brand new instructors)

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ HOME PHONE: _____

E-MAIL ADDRESS: _____ DATE OF BIRTH _____

Applicable Course Fee(s)

Requested Amount	Account #	Unit (Select One)	Justification	If DENIED Please Initial	Controller's Office Use
	11-01- -4-1002				
	11-01- -4-1002				

SECTION APPROVAL (*Required only if course fees are included)

DIVISION CHAIR _____ DATE _____

DEAN _____ DATE _____

REGISTRAR'S OFFICE _____ DATE _____

BUDGET OFFICE _____ DATE _____

CONTROLLER'S OFFICE _____ DATE _____

CONTROLLER'S OFFICE USE ONLY

BILLING METHOD (Term or Section): _____ AR CODE _____

REFUND POLICY _____ AR CODE _____