

This form should be used for courses where the developer is looking for Fitchburg State University to provide credit or PDPs for the course. This form must be submitted with a syllabus that adheres to Fitchburg State University Graduate and Continuing Education Guidelines (found at www.fitchburgstate.edu/cps/facultyforms).

Deadlines for submission:

Repeat courses that have previously been approved by Fitchburg State for credit/PDPs – four weeks prior to the first class

New courses requesting credit/PDP’s for the first time – six weeks prior to the first class

Instructor must complete the first two sections

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) a ¥j ® ¥µ within the last 3 years? Yes No

Name:

Email: (Most correspondence is via email, please list an email you check regularly)

Social Security Number:

Home Address:

Home Telephone:

Sponsoring Organization:

Work Telephone:

Submitted by (Instructor’s Signature) _____ Date _____ Syllabus is 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: FS) School Distric° Grant Other

P3W1 _____ P3TU _____ Date _____