

City College of San Francisco

APPLICATION FOR PRE-APPROVAL OF UNDERGRADUATE COURSE UNITS

Please submit this form along with any supporting documentation to your Dean for recommendation and routing to the appropriate Vice Chancellor for approval. Supporting documentation may include a photocopy of the current catalog description of the proposed undergraduate course. The Vice Chancellor will route a copy of the completed application to the Director of Human Resources at 33 Gough, and to the faculty member.

This form must be used when requesting pre-approval for an undergraduate course as authorized in Article 20. D of the District/AFT Contract. Faculty are encouraged to file this form well in advance of the course start date. However, a form will be considered timely if filed in the office of the appropriate Vice Chancellor on or before the last day to add a class, as defined by the granting institution. Forms submitted after the last day to add a class, as defined by the granting institution, will be deemed untimely and will be rejected on that basis. Use a separate form for each course you plan to take.

Name \_\_\_\_\_ Employee I.D. No. \_\_\_\_\_  
(Last) (First) (MI)

Department/Discipline \_\_\_\_\_ Campus/Location \_\_\_\_\_

Quarter/Semester in which you intend to enroll in the course:

Fall in the Year \_\_\_\_\_ Winter in the Year \_\_\_\_\_  
Spring in the Year \_\_\_\_\_ Summer in the Year \_\_\_\_\_

Course Title \_\_\_\_\_

Course Offered at \_\_\_\_\_ at \_\_\_\_\_  
(College or University) (Location)

Class Beginning Date: \_\_\_\_\_ Last Day to Add a Course: \_\_\_\_\_

Explain how this course is relevant to your discipline, assignment, skills or professional responsibilities.

*I declare that the course I intend to take has not been previously completed for credit or salary placement.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Upon completion of the course, submit an official transcript to Human Resources at 33 Gough Street.  
(Use back of form for additional comments.)

DEAN'S REVIEW: Recommendation: ☐ Yes ☐ No

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

VICE CHANCELLOR'S REVIEW: ☐ Approved ☐ Not approved

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE EMPLOYEE NOTIFIED: \_\_\_\_\_ DATE HUMAN RESOURCES NOTIFIED: \_\_\_\_\_