This form must be submitted as part of the DeCal proposal package by 3pm, Monday Nov 9th, 2015

Course Title: ______________________________________________________________
Faculty Sponsor: __________________________________________________________

Facilitators’ Contact Information (required):

Name: ___________________________ Student ID #: ________________
Email: ___________________________ Phone #: ______________________

Name: ___________________________ Student ID #: ________________
Email: ___________________________ Phone #: ______________________

Name: ___________________________ Student ID #: ________________
Email: ___________________________ Phone #: ______________________

Room and Enrollment Information (required):

Requested Day and Time:
First Preference: ____________________________
Second Preference: __________________________
Third Preference: ____________________________

Requested Room, Building, or Location: (e.g. Southside area, 234 Dwinelle, etc.)
First Preference: ____________________________
Second Preference: __________________________

Estimated Total Enrollment (required):
________________________________________

Comments (include request for special accommodation here):
________________________________________
________________________________________
________________________________________

=================================Office Use Only=================================
Psych 198 CCN: ____________________________
Day/Time: ____________________________ Room: ____________________________