STATE OF CALIFORNIA
CALIFORNIA COMMUNITY COLLEGES SYSTEM OFFICE
Educational Services Division
Noncredit / Adult Education
1102 Q STREET
SACRAMENTO, CA 95814

NONCREDIT COURSE APPLICATION

Date: _____ **Contact**: _____

College: _____ **Title**: _____

Address: _____ **Phone Number**: (_____) _____

_____ **Email Address**: _____

*** Submit 2 copies of application & approved course outline by local curriculum committee.***

1. _____

Course Title (limit = *75 spaces)* [DED #cb02]

2. **Start Date:** _____ 3. **Total Hours of Instruction:** _____

[Number of hours course actually meets. If there is a minimum & a maximum number of hours, indicate range of hours]

4. ☐☐☐☐☐☐☐☐☐☐☐☐ **Local Course ID** [DED #cb01]

5. ☐☐☐☐.☐☐ **TOP Code** [Taxonomy of Programs] [DED #cb03] 6. ☐ **Noncredit Category** [DED #cb22]

7. ☐ **Certification of Mutual Agreement** 8. ☐ **Special Program Identifier**

9. ☐ **Primary Method of Course Evaluation** 10. ☐ **Teaching Materials**

11. **Method of Instruction**:

(a) ☐ **Lecture, Demonstration** (b) ☐ **Laboratory**

(c) ☐ **Workshop** (d) ☐ **Instructional Aide**

(e) ☐ **Lecture Series** (f) ☐ **Computer Assisted**

12. ☐ **Demonstration of Need** 13. **Course Objectives** (a) ☐☐ (b) ☐☐ (c) ☐☐

_____
Signature Superintendent/President