MCB/IB Supplemental Application



Applicant Checklist

☐ Affiliate Form

Course Proposal Form for Student-Facilitated Courses

 Response to all seven questions
 Faculty sponsor's signature*
 Worksheet to Calculate Workload and Resultant Unit Value

 Syllabus (updated if repeat course)

 Overview/Description of course
 Key learning outcomes
 Instruction methods/structure
 Reading List
 Breakdown of grading requirements by percentage/points
 Weekly schedule with meeting dates

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 Faculty Sponsor Letter of Support*

*As a courtesy to your faculty sponsor, please give him/her enough time to review your course proposal. We highly advise against gaining his/her signature and letter of support one day before the deadline.

By signing below, I agree to the following guidelines:

- At least one facilitator must be in attendance at every class meeting.
- I agree to submit an individual grade for each student in the class to the instructor
 of record, no more than 2 business days after the final day of instruction. (Blanket
 statements such as "All students in the class passed the course," will not be
 acceptable.)
- No money will be accepted from students for the administration of this course.
- There will be no substitutions or changes in the course subject, syllabus or conduct
 of this course unless those changes have been approved, in advance, by the
 instructor of record.
- The course will only meet at the approved schedule and location as published in the online schedule of courses.
- I will administer course evaluations in the last two weeks of the semester or last class meeting via the online forms provided.

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Below are common errors that can result in decal proposals being returned to facilitators:

- Unit value worksheet includes hours not explained in syllabus.
- Missing a breakdown of grading requirements by percentage/points.
- Missing detailed weekly schedule.
- Missing reading list in bibliographic format.
- Missing response(s) to the seven questions on the Course Proposal Form.

Ensure that you have consistent information throughout the application. For example: If you indicated 11 weeks of readings on the unit value worksheet, your syllabus/weekly schedule should have 11 weeks worth of reading materials.

[Signature of Student Facilitator #1]	[Signature of Student Facilitator #2]		
	Date:		

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Supplemental Application

TO BE COMPLETED BY STUDENT FACILITATOR(S):

Student facilitator(s)

	Name		Berkeley email address		or	SID#	
		***Initial here if	you would like	to be enrolle	d in MCB/IB 1	194	
			for the amour	nt of units you	r decal is wo	rth.	
Name Bei			y email address	Majo	or SID#		
	rvaine	Derkeie	y cinanadaress	Iviajo	7	31D #	
		***Initial here if	you would like	to be enrolle	d in MCB/IB 1	194	
			for the amour	nt of units you	r decal is wo	rth.	
your CalCe		olled in MCB/IB 1 vour enrollment o			ıstruction. Yo	ou may check	
This course	is NEW	(never taught be	fore) or \Box	REPEAT			
			of c	ourse last taugl	nt	sem/yr	
Course Title							
Semester/Ye	emester/Year		☐ Permission Only ☐ Schedule Print				
Enrollment (Сар		Special Room				
VA 1:1:			Needs (A/V, projector, etc.)			
Waitlist Cap		Day/Time		Alternative			
<u> </u>		_	Alternative Day/Time				
Waitlist Cap Day/Time							
Day/Time	ETED BY THE DEI						
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