

MCB/IB Supplemental Application

Applicant Checklist

- 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)
 - Reading List
 - Breakdown of grading requirements by percentage/points
 - Weekly schedule with meeting dates
- MCB/IB Supplemental Application
- Faculty Sponsor Letter of Support
- Affiliate Form
- IB 194/MCB 199 Form (Optional)

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 and submit them to the Undergraduate Affairs Office in 3050 Valley Life Sciences Building.

[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	Major	SID #
1				
2				

Course Information

This course is <input type="checkbox"/> NEW (never taught before) or <input type="checkbox"/> REPEAT of course last taught _____ sem/yr			
Course Title			
Semester/Year			
Enrollment Cap		Special Room Needs (A/V, projector, etc.)	
Waitlist Cap			
Day/Time			

 TO BE COMPLETED BY THE DEPARTMENT

Enrollment: _____		Waitlist: _____		<input type="checkbox"/> Schedule Print <input type="checkbox"/> Permission Only		
Section #	98 Class #	198 Class #	Day	Time	Room	Unit