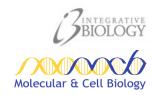
MCB/IB Supplemental Application



App

чррі	icant 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 Prockdown of grading requirements by personts as /points.
	Breakdown of grading requirements by percentage/pointsWeekly schedule with meeting dates
	MCB/IB Supplemental Application
	Faculty Sponsor Letter of Support
	Affiliate Form
	B 194/MCB 199 Form (Optional)
By sign	ning 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.
Г	Signature of Student Facilitator #1] [Signature of Student Facilitator #2]
L	orginature of Student Facilitator #1] [Signature of Student Facilitator #2]

MCB/IB Supplemental Application



Supplemental Application

TO BE COMPLETED BY STUDENT FACILITATOR(S):

Student facilitator(s)

Course Information

Name		Berkeley email address	Major	SID#	
1					
2					

This course is	□ NEW (never taught bef	ore) or \Box R	EPEAT	
		of cou	rse last taught	sem/yr
Course Title				
Semester/Year				
Enrollment Cap				
Waitlist Cap		Special Room Needs (A/V,		

projector, etc.)

Day/Time						
TO BE COM	PLETED BY THE D	DEPARTMENT				
Enrollmen	t:	Waitli	st:		☐ Schedule Print	
	··	·	J		Permission Only	
Section #	98 Class #	198 Class #	Day	Time	Room	Unit
Section #	98 Class #	198 Class #	Day	Time	Room	Unit
Section #	98 Class #	198 Class #	Day	Time	Room	Unit
Section #	98 Class #	198 Class #	Day	Time	Room	Unit
Section #	98 Class #	198 Class #	Day	Time	Room	Unit