

CONTINUING EDUCATION NEW PROGRAM PROPOSAL

INSTRUCTOR INFORMATION:

Instructor Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Previous Courses Instructed: _____

Employer: _____

COURSE INFORMATION:

Proposed Course Title: _____

Development Timeframe: _____ Proposed First Offer Date: _____

Delivery Method: _____ # Course Hours _____

Course Description: _____

Course Goals and Objectives: _____

Course Outline by week of Instruction: _____

Instructional Methods: _____

Target Audience (Including appropriate professional organizations, certification requirements, etc.): _____

Benefits of Course to Participants: _____

Relevant Job Titles and Business Sectors That Benefit: _____

Instructional Materials: _____

Course Timeline/Schedule (# of hours, how often class meets): _____

Grading Method (if applicable): _____

Competition for this Program: _____

Key Selling Points (what makes this program unique): _____

Learning Goals: _____

Learning Assessment Tool: _____

Class room requirements. A/V, tables, chairs, desks, etc.: _____

Please attach current resume.