

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 Learning Outcomes: Upon successful completion of this program, students will be able to:

1. _____
2. _____
3. _____

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): _____

Evaluation Methods: _____

Competition for this Program: _____

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

Learning Activities: _____

Learning Assessment Tool: _____

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

Please attach current resume.