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**Noncredit Program/Course Proposal**

## MICROSOFT WORD FORM – MUST BE TYPED

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Full name | **Date:** | \_\_/\_\_/\_\_ |
| **Address:** | Address line 1 | **Home Phone:** | (###) ###-#### |
|  | Address line 2 | **Business Phone:** | (###) ###-#### |
| **Red ID:** | ######### | **Email:**  | Click here to enter text |

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| **Type of Course/ Program:** [ ] Individual Course [ ]  Certificate Program [ ]  Workshop [ ]  Conference |
| **Learning mode:** Choose an item |

Please attach or upload: (a) course syllabus to include: learning outcomes, metrics and grading criteria;
 (b) your resume or CV with references.

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| **Semester to be offered:** | Choose an item | **Year:** | #### |  |
| **1.** | **Proposed title of course/program:** | Click here to enter text |
|  | **Possible alternate title:** | Click here to enter text |
| **2.** | **Suggested course/ program description for that catalog and web site (approximately 125 words). Keep in mind this will sell your program, so please give details and include positive outcomes answering the question, “What will this course/ program do for you?”** |
|  | Click here to enter text |
| **3.** | **Will you be the course instructor or coordinator?** | Click here to enter text |
|  | *If coordinator, attach list of speakers with their credentials.* |
| **4.** | **How do you want your name listed, and with what biographical data? Again, this is very important. People will judge the course by your qualifications. Please attach sheet if additional space is needed. We may edit your copy.** |
|  | Click here to enter text |
| **5.** | **Number of hours in course:** | ## | **Number of meetings:** | ## |  |
| **6.** | **Preferred day(s) of week and times:** | **7.**  | **Preferred date(s):** |
|  | **1st choice:** | Click here to enter text |  | **1st choice:** | Click here to enter text |
|  | **2nd choice:** | Click here to enter text |  | **2nd choice:** | Click here to enter text |
| **8.** | **Format of presentation:** | Choose an item | **Describe if “other”:** | Click here to enter text |
| **9.** | **Prerequisites or required knowledge:** | Click here to enter text |
| **10.** | **Suggested course tuition (CES may change this amount):** | $Click here to enter text |  |
| **11.** | **Has course been previously offered?** [ ]  Yes [ ]  No  |
|  | **If yes list where & when:** Click here to enter text |

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| LOGISTICS |
| **1.** | **Location(s):** | Click here to enter text |
| **2.** | **If the class will meet at more than one location, list locations and dates at each:** |
|  | Click here to enter text |
| **3.** | **Number of students expected:** | ## |  | **Enrollment Minimum:** | ## | **Maximum:** | ## |  |
| **4.** | **Will you need audio/ visual equipment?** [ ] Yes [ ]  No |
|  | **If “yes,” please specify what type and at which session(s) it will be needed:** |
|  | Click here to enter text |
| **5.** | **Do you need a room that can be darkened?** [ ] Yes [ ]  No |
| **6.** | **Do you need a computer lab?**  | **Specify software needs (if applicable):­­­­­­­­** |
|  | [ ] Yes [ ]  No | Click here to enter text |
| **7.** | **Are there any special course needs (chartered bus, books, etc.)? If so, please list items and estimated costs.** |
|  | Click here to enter text |
| **8.** | **Will there be handouts to be printed by the College?** [ ] Yes [ ]  No |
|  | **If “yes,” number of pages per student:** | ## | (If more than 40 pages per student, the cost will be divided between the College and the Instructor) |
| ASSESSMENT |
| 1. | Please describe how you determined a need for this course/program. Proposal may not be considered without evidence of market viability. Include detail needs assessment methodology- surveys, focus groups, research, etc… and include all relevant data and results. |
|  | Click here to enter text. |
| **2.** | **What audiences, groups or organizations would be attracted to your class? Be specific. The closer we can target the advertising for a program the more likely it is to increase enrollment.** |
|  | Click here to enter text |
| **3.** | **Do you have mailing lists we can use to publicize your proposed course?** [ ] Yes [ ]  No |
|  | **If “yes,” nature of lists:**  | Click here to enter text |
| **4.** | **Comments that would assist us in marketing your course (unusual features, outstanding guests, etc.):** |
|  | Click here to enter text |
| **5.** | **How do you plan to help market your course?** |
|  | Click here to enter text |
| **6.** | **Will you be available for TV, radio or newspaper interview?** [ ] Yes [ ]  No |
| **7.** | **May we give your telephone number to students with specific questions about the course?** [ ] Yes [ ]  No |
|  | **If so, what number may we give them?** | (###) ###-#### |  |

***Return to:*** *College of Extended Studies*

 *San Diego State University*

###  *5250 Campanile Drive*

###  *San Diego, CA 92182-1920*