

For TLC Use only
Workshop # _____
Category _____
Date Received _____
Effective Semester _____



Teaching and Learning Center PROPOSAL Faculty/Staff Development Offering

NAME: _____ **Ext.** _____

DIVISION: _____

Title of offering: _____

Type of offering: (Check one)

Workshop Semester-long course

Seminar Year-long course

Topical Outline: (Please attach)

Objectives: (Please attach)

Short Descriptive paragraph: (Please attach)

Out-of-class assignment for credit classes or credit workshops: (Please attach)

Who will be interested in participating in this program?

(e.g. faculty, administrators, staff, a subset of the faculty?)

Who is the Planner(s)/Developer(s): _____

Who is the Facilitator(s)/Teacher(s): _____

When multiple Facilitators are listed please indicate which facilitator will be responsible for the workshop paperwork: _____

What types of experiences will the offering entail?

(e.g. fieldtrips, projects, reading assignments, etc.)

Delivery Method: (Check all applicable)

Classroom Telelearning
 Flexible Learning Other (please explain)
 Independent Study _____
 Internet _____

Equipment/Room Needs:

Is any special equipment required? Yes No

If yes, specify: _____

Is a special type room required? Yes No
(e.g. Computer lab, room w/tables)

If yes, specify: _____

Funds required? Yes No

If yes, explain: _____

Outside expertise required? Yes No

If yes, explain: _____

If this is a credit class is a textbook required? Yes No

If yes, provide text Name & Author and ISBN Number to TLC no later than 6 weeks before class.

Book Title _____

ISBN # _____

Credit:

Number of Semester hours for credit courses _____

OR

Number of clock hours for workshops _____

FYI workshops=1 or 2 hours / Credit workshops must be in 3 hour multiples

Number of sessions: _____

Preferred day(s)/date(s) for the offering to be delivered? _____

How often will this offering be delivered? (Check one)

Once Every Semester Yearly
 Other (please specify) _____