

OFFICE USE ONLY

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Non-Credit | Year: <u>20</u> |
| <input type="checkbox"/> Credit | <input type="checkbox"/> Fall |
| <input type="checkbox"/> CEU | <input type="checkbox"/> Winter |
| <input type="checkbox"/> Special Session | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Credit Contract | <input type="checkbox"/> Summer |
| <input type="checkbox"/> CEU Contract | <input type="checkbox"/> Intersession |

COURSE / PROGRAM PROPOSAL

Contact Name _____ Date _____

Dept _____ College _____

Email _____ Phone _____

_____ Title of Proposed Course/Program

_____ Course Nbr, if known (one form per course)

Will the college/department provide development funds? Yes No

If yes, how much? \$ _____ Fund: _____ Dept ID: _____ Acct: _____ Pgm: _____

_____ Type of Units: Lecture Lab Activity CEU No credit

_____ # of Units Total Hours

_____ Academic Year Fall Winter Spring Summer Intersession

_____ Start Date _____ End Date _____ # of Mtgs _____ Schedule (Days & Times), if known

Grading: Letter Grade Credit/No Credit N/A

_____ Min # Students _____ Max # Students

Instruction delivery: On-campus Off-campus _____ Online/hybrid

Location, if off-campus

_____ Instructor

_____ Empl ID, if known

_____ Business Phone

_____ Cell Phone

_____ Email

_____ Additional Instructor(s), if applicable

_____ Empl ID, if known

_____ Business Phone

_____ Cell Phone

_____ Email

Course summary. The course description, in 100 words or less, as it would appear in the marketing materials if the proposal is approved. Subject to CPCE editing.

Purpose of the course/program. Describe the academic intention or community purpose. Explain course concept and content and how it will achieve the objectives.

Syllabus/Itinerary attached. Check all that apply.

Syllabus Itinerary/daily schedule of activities Other

If you checked 'Other' please provide explanation of attachments:

Market need. Describe the intended audience (i.e., educational/vocational background, professional affiliation, demographic information, etc.). Are other institutions or commercial providers offering similar course(s)? If so, describe who, what, when and where, and their fees, if known. What makes this course/program, different from the competition?

Describe market research that has been conducted to determine your minimum number of students.

How will the target audience learn about this new course/program? (CPCE can provide marketing services).

Describe any mailing list(s) you have access to or can recommend for marketing the course/program.

Course/program costs.

Complete the [CPCE Cost Estimate](#) and attach it to your Course/Program Proposal. Also provide supporting documentation, if available (i.e., quotations for materials and/or services itemized on cost estimate)

Instructor assignment. Check one.

- Part of Cal Poly assigned workload. Instructor will not receive additional compensation. Dept/college reimbursed for full cost of WTUs. Indicate number of WTUs: _____
- Instructor will receive direct compensation from CPCE.
- Volunteer - Instructor will not receive compensation.

If course/program will award academic credit, does it have Academic Senate approval?

- Yes No Unknown Will not award academic credit

If you checked 'No' please provide status of approval:

Will course/program have textbooks? Yes No **Do you need CPCE to order textbooks?** Yes No

Text Title _____ Edition _____

Author _____ ISBN # _____

Do you require CPCE to reserve a classroom?

- Yes Preferred location? _____
- Gen Purpose Classroom* *Smart Room (projector)* *Multimedia Room (projector, PC, Mac)* [more info](#)
- No Where will the class meet? _____

Other requirements or special materials needed?

Instructor needs (i.e., lodging, travel).

Instructor information. Describe background and experience related to teaching this or a similar course for each instructor.

Instructor biography. To be published in marketing materials. Please limit to 200 words for each instructor. Subject to CPCE editing.

Checklist of attachments

- | | |
|--|--|
| <input type="checkbox"/> Syllabus/itinerary | <input type="checkbox"/> CPCE cost estimate |
| <input type="checkbox"/> Instructor(s) resume/vitae | <input type="checkbox"/> Supporting documents for cost estimates |
| <input type="checkbox"/> Professional references (2-3) | |

Signatures. Instructor must sign this form. Cal Poly Continuing Education will obtain additional signatures if necessary.

_____	_____	_____	
Print Instructor Name	Signature	Date	
_____	_____	_____	
Print Add'l Instructor, if applicable	Signature	Date	
_____	_____	_____	Approved? <input type="checkbox"/> Y <input type="checkbox"/> N
Department Head	Signature	Date	
_____	_____	_____	Approved? <input type="checkbox"/> Y <input type="checkbox"/> N
College Dean	Signature	Date	
_____	_____	_____	Approved? <input type="checkbox"/> Y <input type="checkbox"/> N
Continuing Education Dean	Signature	Date	

Thank you for your proposal! Your Program Coordinator will be in contact with you.