

Continuing Education Proposal Form

Continuing Education Unit (CEU)

This form and all attachments should be submitted to the Director of Office of Continuing at least 30 days before offering the course(s).

REQUESTOR INFORMATION

Host School:	Date:
Department:	Program Coordinator/Lead Instructor:

WORKSHOP INFORMATION

Title of Workshop:							
Workshop Description:							
Target Audience:							
Proposed Course Length (# of sessions):	Length of each Session:	Number of CEUs:					
How does the course link to ECSU courses/curriculum?:							
When is the proposed date of implementation?:							
Location:							
<i>Please provide timeframes for below:</i>							
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Evening							

Please attach Instructor qualifications and experience in this subject

SIGNATURES/APPROVED BY:

Dean:	Date:
Department Chair:	Date:
Program Coordinator:	Date:
Other:	Date:

DIRECTOR OF CONTINUING EDUCATION ONLY

Date submitted:
Date Reviewed by Director of Continuing Education:
Date Reviewed by Continuing Education Advisory Committee:
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Resubmit

Director of Continuing Education
OFFICE of the REGISTRAR

Continuing Education Instructor Qualifications

INSTRUCTOR NAME	CURRENT EMPLOYER
POSITION/TITLE	WORK ADDRESS
EDUCATIONAL BACKGROUND Institution: _____ Degree: _____ Institution: _____ Degree: _____ Institution: _____ Degree: _____ Institution: _____ Degree: _____	PROFESSIONAL MEMBERSHIPS
SUBJECT OF INSTRUCTION OR WORKSHOP TITLE	CONTACT PHONE

PROFESSIONAL BACKGROUND & EXPERIENCE RELATING TO WORKSHOP BEING OFFERED
(Please be Specific) (Attach Resume)

REFERENCES:		
Name	Title	Phone

INSTRUCTOR VERIFICATION

By signing below, I certify all information is true and correct to the best of my knowledge.

Instructor Signature: _____ Date: _____

Director of Continuing Education
OFFICE of the REGISTRAR