University of Louisiana at Monroe
Division of Continuing Education
Learning Opportunities for a Lifetime!

Non-Credit Program Proposal / Approval Form

Course Type:

☐ **Free Forum (1 Time- Instructor Not Paid)**   ☐ **Short Course (Instructor Paid)**

☐ **Other:** _____

Title of Course: _____

Brief Description (to be used for advertising): _____

_____

_____   ☐ Over   ☐ See Attached

Target Audience (Who is the market for this class?): _____

Do you have a mailing list for promotional materials?   ☐ *Yes   ☐ No   *If yes, please attach.

Level of Course: ☐ Beginning   ☐ Intermediate   ☐ Advanced

Are there prerequisites for the class?   ☐ Yes   ☐ No   If yes, please list: _____

Format: ☐ Lecture   ☐ Discussion   ☐ Hands-On   ☐ Other

Anticipated Number of Participants: Maximum _____

Proposed Dates & Times: Begin Date:_____   End Date: _____   Days: _____

                                Begin Time: _____   End Time: _____

Total Clock Hours of Instruction: ____   **Will CEU's be awarded?** ____   **If so, how many?** ____

Suggested Fee for Participants: $ _____

Textbook (list the title, author, publisher, and ISBN number): _____

Photocopies Needed (list number per person)**:** _____

Other Supplies (list supplies needed per person)**:** _____

_____   ☐ Over   ☐ See Attached

Equipment Needed (What equipment will you need for the class? Is that equipment available to you? If not, do you want ULM Continuing Education to arrange for the equipment?) _____

_____

Preferred Location (Do you have any special room requirements? If so, please give the requirements along with a recommended room number.): _____

_____

Evaluation Procedure (The standard procedure is a student evaluation of the course. If you have additional requirements, please explain.): _____

- **Agenda-** Attach a detailed description or outline of the course. This should include course name, goals, objectives, topical outline. (Please list at least 10 things participants will learn from your course.)
- **Qualifications-** Adjunct, part-time faculty, and community instructors should attach recent resume and are subject to a background check.

Instructor Info (Please Print):   **Please publish my information for students?**   ☐ Yes   ☐ No

Instructor's Name:	Home Phone:
Address:	Work Phone:
City, State, Zip:	Fax Work:
Social Security Number:	Email: