



Cal State San Marcos

Extended Learning Program/Course Proposal Form

Extended Learning, California State University San Marcos, San Marcos, CA 92096-0001 760-750-4020

Please type your proposal into the following dynamic form and return by either email to slingold@csusm.edu, fax (760) 750-3138, or mail to: Cal State San Marcos Extended Learning, San Marcos CA 92096-0001

INSTRUCTOR NAME: _____

COURSE TITLE: _____

PURPOSE OF PROGRAM/COURSE

Please describe why this program/course is being offered and what will be achieved as a result?

COURSE DESCRIPTION FOR CATALOG

Please describe the course in a concise narrative paragraph of approximately 125 words for inclusion in the catalog. Be specific by listing the subjects to be covered and indicating the benefits and/or transferable skills from participating in the course. If the course is designed for a particular audience, please specify. Be sure to indicate any prerequisites such as professional experience or required knowledge.

COURSE OBJECTIVES

Please describe what participants will be able to do after the completion of the course.

COURSE TOPIC OUTLINE

Please list the topics that will be addressed during the course presentation. If there are multiple meetings or sessions, indicate each session's topics by numbering or listing them individually.

PARTICIPANT BENEFITS

Please describe the participant benefits of the course. This should be written in bullet fashion.

NEEDS ADDRESSED BY THIS COURSE

Please submit an agenda for each meeting, complete with approximate instructional time and sub-topics as related to the course content and general description.

INTENDED AUDIENCE FOR THIS COURSE

WHAT IS THE MINIMUM AND MAXIMUM NUMBER OF PARTICIPANTS THE INSTRUCTOR IS PREPARED TO TEACH?

WHAT IS THE INSTRUCTOR GOING TO CONTRIBUTE TOWARD MARKETING EFFORTS?

WHAT DOES THE INSTRUCTOR EXPECT OF EXTENDED LEARNING IN SUPPORT OF THIS COURSE?

COST(S) TO EXTENDED LEARNING?

(i.e. instructional aids and supplies, equipment, location/facilities, assessments, etc.)

NUMBER OF SESSIONS/ TOTAL HOURS

Total Number of Sessions _____

Total Number of Hours _____

INSTRUCTIONAL METHODOLOGY

Please indicate how the course will be structured

- Class Discussion ___%
- Student Project ___%
- Other: _____%
- Group Work ___%
- Simulation ___%
- Field Trips ___%
- Internet/Online ___%

COURSE EVALUATION/GRADING CRITERIA

- Class Participation ___%
- Student Project ___%
- Class Attendance ___%
- Other: _____%
- Final Exam ___%

BIBLIOGRAPHY / REFERENCE MATERIALS

List major sources for lecture material and supplemental readings that are applicable to this course. You may state "SEE ATTACHED" and attach a bibliography to this page as needed.

INSTRUCTOR BIOGRAPHY

Please write a brief description (of approximately 50-75 words) of yourself, to include; degrees and university(ies), your present title, company affiliation, relevant experience, and other pertinent information regarding your expertise.

PREVIOUS COURSE OFFERINGS

Have you offered this course/topic to other educational institutions and/or professional organizations? Yes No

If YES, please list the organization/educational institution for whom you have presented and when:

- Organization/Educational Institution Name: _____ Date: _____
- Organization/Educational Institution Name: _____ Date: _____
- Organization/Educational Institution Name: _____ Date: _____

NOTE: All program copy and materials will be reviewed, edited and approved by a Cal State San Marcos program director prior to insertion into appropriate marketing pieces and student materials.

Thank you for taking the time to complete this Proposed Course Application. We will be in contact with you to follow up on your proposal and, if appropriate, schedule a meeting with you to discuss the course in more detail.

IS THERE ANYTHING ELSE YOU WOULD LIKE EXTENDED LEARNING TO KNOW?



Instructor Data Sheet

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Name: _____ Address: _____

City: _____ ST _____ Zip Code _____

Work Phone: _____ Home Phone: _____

Email: _____

Are you available to instruct (check all that apply) on:

___ Weekdays ___ Weekends ___ Daytime ___ Evening

With which **audiences** do you have experience working? (Please be specific)

Which professional or community **associations** do you currently participate?

What **certifications**, if any, do you hold?

Have you **authored any publications/articles**? If yes, please provide title and date published.

Other information you would like to add:

Thank you for taking the time to complete this form. The information you provided us will assure that we are able to make the best match of an instructor's background and expertise to our client's specific needs.