

COURSE PROPOSAL FORM

DEADLINES FOR COURSE PROPOSALS

Please keep these calendar guidelines in mind when planning your new course. Proposals must be submitted by the indicated date for each quarter.

	SUMMER	FALL	WINTER	SPRING
INDIVIDUAL ACADEMIC CREDIT & NON-CREDIT COURSES	February 1	May 1	August 1	November 1
TRAVEL PROGRAMS	Approved programs and course proposals must be in Extended Education eight (8) months before the program begins. Example: Travel in June, submit proposal by October.			
CERTIFICATE PROGRAMS	December 1	March 1	May 1	August 1

NAME OF PROPOSED COURSE: *

COURSE TYPE*

Please select the type of course that you wish to propose.

For more information about each course type, please visit extended.calpoly.edu/teach.

Non-Credit Course Special Session Course Academic Credit Continuing Education Units (CEUs)

COURSE DETAILS

Course Title: *

Course Description *

Describe course as it would appear in the marketing materials if the proposal is approved. (Subject to Extended Education editing).
Limit response to 100 words or less.

COURSE/PROGRAM FEES

Please include your suggested fees and projected expenses for the program. Extended Education reviews them; final projection will be an agreement between you and Extended Education.

Instructor – Desired Compensation: * \$ _____

Suggested Course Fee: * \$ _____

Materials Fee: \$ _____

Please specify any other costs or requirements for this class, including class supplies, facilities used, guest speakers, printing, etc.

REQUESTED SCHEDULING

Year: * _____

Term * Fall Winter Spring Summer

Specific Dates: _____

Days of the Week * Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Start Time: _____ A.M. P.M.

End Time: _____ A.M. P.M.

Location: On-Campus Off-Campus Online/Hybrid

AUDIENCE

Describe the intended audience for this course. *

How will the intended audience hear about this new course? * (Extended Education will provide marketing services)

INSTRUCTOR INFORMATION

Instructor Name: * _____

Home Address: _____

Work Phone: _____

Cell Phone: _____

Email Address: * _____

Can we share your contact information with interested students? * If yes, please select the information that you wish to share.

Work Phone Cell Phone Email Address

Instructor Biography

Provide a *brief* biography to be used for marketing purposes.

RESUME/CV AND REFERENCES

Resume/CV: * (Please choose a file to upload to website)

File size must be **less than 2MB**.

Allowed file types: **.rtf, .pdf, .doc, .docx, .odt**

References

Please list three (3) professional references. If you have already included a list of references in your resume/CV, you may skip this section.

REFERENCE #1

Name/Title: * _____

Work Phone: _____

Email Address: _____

REFERENCE #2

Name/Title: _____

Work Phone: _____

Email Address: _____

REFERENCE #3

Name/Title: _____

Work Phone: _____

Email Address: _____

ATTACHMENTS

Syllabus: (Please choose a file to upload to website)

File size must be **less than 2MB**.

Allowed file types: **.txt, .rtf, .html, .pdf, .doc, .docx, .odp, .ods, .odt, .ppt, .pptx, .xls, .xlsx, .xml**

Schedule: (Please choose a file to upload to website)

File size must be **less than 2MB**.

Allowed file types: **.txt, .rtf, .html, .pdf, .doc, .docx, .odp, .ods, .odt, .ppt, .pptx, .xls, .xlsx, .xml**

Other: (Please choose a file to upload to website)

File size must be **less than 2MB**.

Allowed file types: **.txt, .rtf, .html, .pdf, .doc, .docx, .odp, .ods, .odt, .ppt, .pptx, .xls, .xlsx, .xml, .gif, .jpg, .jpeg, .png, .avi, .mov, .mp3, .ogg, .wav, .bz2, .dmg, .gz, .jar, .rar, .sit, .tar, .zip**

If you uploaded within "Other," please provide a brief description/explanation of attachment(s).

NEXT STEPS:

1. You will receive an email from our office confirming receipt of your proposal.
2. Your proposal will be reviewed by our program coordinators.
3. You will receive a response from our program coordinators as to the status (accepted or not accepted) of your proposal in approximately 2–3 weeks.