

## COURSE / PROGRAM PROPOSAL FORM

# Teach a program through Continuing Education



University of Wisconsin  
Eau Claire  
Continuing Education  
*Connecting Campus and Community*

**UW**  
*Extension*

210 Water St., P.O. Box 4004  
Eau Claire 54702-4004  
[www.uwec.edu/ce](http://www.uwec.edu/ce)  
715-836-3636  
email: [ce@uwec.edu](mailto:ce@uwec.edu)

*This form may be filled out online, printed, and mailed to the address shown in the box.*

### PERSONAL INFORMATION

Name \_\_\_\_\_

Credentials (PhD., MA, MS, BA, BS, other) \_\_\_\_\_

College/Department (if UW-Eau Claire faculty/staff) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### COURSE OR PROGRAM PROPOSAL

Have you discussed your idea with a CE staff member? If so, who? \_\_\_\_\_

Subject Area \_\_\_\_\_

Title or Topic \_\_\_\_\_

Project start/end dates: *From* \_\_\_\_\_ *to* \_\_\_\_\_

Number of anticipated sessions/meetings \_\_\_\_\_

Suggested length of each session/meeting \_\_\_\_\_

### PROGRAM TYPE

- Course
- Workshop/Seminar
- Certificate Program
- Conference/Special Meeting
- Other (Please describe)

### CREDIT STATUS

This course/program could be offered for...

- undergraduate academic credit.
- graduate academic credit.
- either academic credit or without credit.
- Not applicable—course/program would not be eligible for academic credit.

### FORM OF DELIVERY

- Face to Face
- Online
- Distance (telecast)
- Hybrid (multiple delivery formats)
- Other (Please describe)

### PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Who is the proposed **target audience** for this course/program?
  
  
  
  
  
  
  
  
  
  
2. Please provide a brief **description of your course/program**, including a list of the main topics you plan to cover.

3. What **benefits** will your attendees realize by attending your course/program?  
What **benefits** will be realized by the University and other partners?

4. Please explain why you believe there is a **need or demand** for this course/program.

5. Give a brief summary of your related **qualifications and experience**.

6. Please add any **additional information** that you believe would be helpful in the appraisal of this course/program proposal.

**OPTIONAL**

7. Would you be requesting **start-up funds** to support the development of this program?  
 YES  NO If YES, please provide a narrative summary of costs:

Start-up Funds/Support Request ..... \$ \_\_\_\_\_  
Agency/College Contribution\* ..... \$ \_\_\_\_\_  
Total Start-up Budget ..... \$ \_\_\_\_\_

\*Description/Commitment of Contribution:

\_\_\_\_\_  
Signature of Agency / College Representative

**CONTINUING EDUCATION  
COURSE / PROGRAM POLICIES**

1. All course/program offerings are designed to be self-supporting through registration fees, grants, sponsorships, or other sources of revenue.
2. Courses/programs can vary in length from a few hours to a full semester depending on the course/program objectives.
3. Credit courses are offered only with the approval of the appropriate academic department and college. All University policies, rules and regulations which apply to credit courses must be followed.
4. The offering of any credit or non-credit course or program is at the discretion of UW-Eau Claire Continuing Education. Compliance with the course/program guidelines does not guarantee that the course/program will be offered. Courses/programs that do not reach sufficient enrollment may be cancelled.

NOTES (for office use):