



University of Alaska Southeast
UAS School of Education

ED S593 COURSE PROPOSAL FORM Professional Level

FOR OFFICE USE ONLY

Proposal Status:

Original Amended

Submitted By: _____ Date Submitted: _____

Attachments:

Course Outline/Syllabus Instructor Resume or Vita Agenda

Course Title* _____

(*Course title should be no longer than 23 characters, including spaces. Abbreviate if possible)

Semester Offered: Spring Summer Fall Year: _____

Location of Class: _____

City: _____ **Building:** _____ **Room:** _____

Sponsoring Agency: _____

Instructor Information:

Name _____

UA ID#: _____

Address: _____

Phone: _____

Email: _____

Coordinator Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Director Name (SHI Only): _____

Request Online Registration and Instructions:

"Online Registration Only"

And/Or

Send Course Registration Packet to: Instructor Coordinator

Instructional Goals and Defined Outcomes:

Knowledge or skills the students will have gained upon completing the course in 3-5 sentences.

Assessment of Student Performance (beyond attendance):

How will students **demonstrate** that objectives were met?

Describe the **products and performances** resulting from the teaching and learning activities.

Describe how students will be expected to **integrate** the knowledge and skills they have gained in this course into their professional practice.

For ED courses (per UAS Academic Catalog) “students are expected to put in two hours of outside effort for every one hour in class in accordance with the standard Carnegie unit of credit.” Describe the “outside effort” (i.e. homework, practice, implement, etc.) and hours (1 credit=25 hours, 2 credits=50 hours, and 3 credits=75 hours).

Reminder: Copies of course evaluations are to be provided to the University at the end of this course. Course syllabi are required to be submitted with this Course Proposal Form.

Please email completed course proposal form to UAS a minimum of 2 weeks prior to start date of the course to ensure time to process through UAS system

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I acknowledge that the information provided on this form is true and correct to the best of my knowledge.

Date: _____

Print name of Instructor/Coordinator: _____

Signature of Instructor/Coordinator: _____

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Determination: **Approved** **Denied** **Date:** _____

Signature of Director or designee: _____