

Co-Sponsored Course Agreement Form

Consistent with its accreditation, UAS may grant credit for university-level course that are co-sponsored by various organizations with which UAS has an ongoing relationship. A “co-sponsored course” is one for which most or all of the costs of instruction are borne by some agency or organization other than the University, and the academic integrity of the course is ensured by the University. Entities interested in proposing a co- sponsored course should use this form as a requirements guide for approval of UAS co-sponsored courses.

Agency Contact Information

Agency Name: _____

Contact Name(s): _____

Email(s): _____

Phone Number(s): _____

UAS Contact Information

School/Department: _____

School of Education _____

Name(s): _____

Nona Dimond _____

Email(s): _____

nmdimond@alaska.edu _____

Phone Number(s): _____

907-360-5906 _____

Proposed Course Offering (PCO) information:

Academic Department: SOE _____

Semester / Year: _____

Subject: ED _____

Course Number: 593 _____

Course Title: _____

Credits [X(x+x)]: _____

Letter or Pass/Fail: _____

Maximum enrollment: _____

Prerequisite: _____

Stacked with: _____

Start Date: _____

End Date: _____

Days: _____

Times: _____

Building / Room number: _____

Dual enrollment (grades K-12 only): Yes No

Will you need access to Blackboard (an added \$47 registration fee per student): Yes No

****Attach Syllabus to this form.**

Instructor costs to be paid by: Co-Sponsor UAS Unit Grant (Grant Name):

Student course administrative registration fee will be paid by: Student Co-Sponsoring Agency

*If dates/days/times are complex, please provide a detailed full schedule on a separate sheet of paper and attach to Co-Sponsored Course Agreement Form.

Approved Instructor (has gone through internal UAS adjunct approval process, or is a UAS faculty member):

Name: _____

Phone Number: _____

UAS ID number: _____

Email: _____

Co-Sponsoring Agency to Provide:

- Proposed course offering (PCO) information listed on page 1.
- Instructor information, including resume/CV, transcripts, references, and background check form as requested.
- Attached syllabus to this form with Student Learning Outcomes (SLOs).
- Course registration forms for each student after course is approved; due no later than 20 business days after the first class session if a full semester course, or; 5 business days before the end of course date for short courses. Signature from instructor on registration forms.
- Information on who will pay the student course administrative fee (either the agency or student).
- Program outcomes assessment data or documents, if required in syllabus.
- Ensure instructor enters grades in a timely manner for students registered for credit.

UAS to Provide:

- Copy of UAS Policy on Co-Sponsored Courses.
- Contact information for academic unit.
- Internal review of instructor qualifications via instructor approval form.
- Review of course syllabus to ensure appropriate student learning outcomes are met for both catalog and non-catalog courses.
- After course approval, course registration number (CRN) and course registration forms.
- Assistance as needed with PCO, Syllabus, and other required information.
- Course website and grading information deadlines after course is approved.

Approvals:

Sponsoring Agency

I agree to comply with the UAS Policy on Co-Sponsored Courses and will provide all necessary information in a timely manner.

Sponsoring agency representative: _____
Name and title

Signature & Date: _____

UAS

I have read and confirm that all information regarding proposed course is accurate and I have reviewed this application, conferred with faculty, and confirmed that this proposed co-sponsored course meets the requirements set out in the UAS Policy on Co-Sponsored Courses.

Course Title & Number: _____

Dean/Campus Director: Dr. Angela Lunda, Interim Dean, School of Education, University of Alaska Southeast

Signature & Date: _____



SCHOOL OF
EDUCATION

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:

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

Assessment of Student Performance (beyond attendance):

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

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

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

5. 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

<i>UAS JUNEAU</i>
<i>Nona Dimond</i>
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<i>Juneau, AK 999801</i>
<i>(907) 796-6050 Phone</i>
<i>(907) 796-6550 Fax</i>
nmdimond@alaska.edu

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: _____

FOR OFFICE USE ONLY:

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

Dr. Angela Lunda, Interim Dean, School of Education, University of Alaska Southeast

Signature of Director or designee: _____

