



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

**Direct Contact (Lecture) Hours:**

**Note: There must be at least 12.5 Direct Contact (Lecture) Hours per credit.\***

***\*Don't forget the 15 minute break for every 3 hour time block which cannot count as direct contact time.***

[illegible]

**\*Note: Hours (A) total must match Content Topics Table, (A) Direct Contact (Lecture) Hours column total.**

**\*Note: These Hours (A) should also match the Agenda submitted with this proposal.**

**Below is the title and course description that will be visible to students and the public.**

**Final Assignment Due Date:** \_\_\_\_\_

**Full Course Title:** \_\_\_\_\_

**Course Description: (3-5 Sentences)**

**(A) Direct Contact (Lecture) Hours Description:**

**Note: There must be at least 12.5 Direct Contact (Lecture) Hours per credit.**

<b>Course Topics</b>	<b>(A) Direct Contact (Lecture) Hours</b>
<b>Total:</b>	

**Participant Total Hours/Credit:**

**(Minimum 12.5 Direct Contact Hours per credit)**

- ☐ One (1) Credit = Twelve & one-half (12.5) hours to twenty-four & one-half (24.5) hours
- ☐ Two (2) Credits = Twenty-five (25) hours to thirty-seven (37) hours
- ☐ Three (3) Credits = Thirty-seven & one-half (37.5) hours to forty-nine & one-half (49.5) hours

**Class size:** Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_ No limit: ☐ Closed Enrollment: ☐

**Grading:** *(Please note that all grades are due 5 days after the final date of the course)*

- ☐ Pass/No Pass
- ☐ Letter Grade

## Payment

☐ Please check here if your organization will be paying for the registered students. To remit payment, please call UAS Student Accounts Office at 907-796-6267 after **all** students have been registered.

**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><b>UAS JUNEAU</b></i>
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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:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**      Angela Lunda, SOE Interim Dean

**Determination:**      ☐ **Approved**      ☐ **Denied**      **Date:** \_\_\_\_\_

**Signature of Director or designee:** \_\_\_\_\_

UA is an AA/EO employer and educational institution and prohibits illegal discrimination against any individual: [www.alaska.nondiscrimination](http://www.alaska.nondiscrimination).

**12/15/25** – Please do not use previous versions of this form.