



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.

<b>Date</b>	<b>Times</b>	<b>Hours (A) *</b>
<i>(example) Mon: 9/12/11</i>	<i>8 AM – 12 PM</i>	<i>3.75</i>
		<b>Total Hours:</b>

\*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.**

Course Topics	(A) Direct Contact (Lecture) Hours
<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**

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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:** \_\_\_\_\_

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