



College of Extended and Global Education

COURSE PROPOSAL

for Optional Credit (Inservice Credit)

TEL (909) 537-5976 • FAX (909) 537-5907

INTERNAL USE

Date: _____ Reply Req. By: _____
 Submitted By: _____
 Semester: _____ W _____ Sp _____ Su _____
 Dept. _____ Course # _____ Sched. # _____
 Units: _____ Hours: _____ Cost: _____
 Grading System: CR/NC Letter
 Previously Approved: Yes No
 Account: _____ Max. Enroll: _____

COURSE TITLE: _____

AUDIENCE: _____ TRAINING LOCATION: _____

(PLEASE CIRCLE)
 MEETING DAYS: M T W Th F S Su DATES: _____ TIME: _____ am _____ am
 pm to _____ pm (SITE/CITY)

TOTAL IN-CLASS CLOCK HOURS: _____ NUMBER OF SEMESTER UNITS SUGGESTED: _____
(1 UNIT IS BASED ON 15 HRS. OF INSTRUCTION)

REQUESTING CREDIT APPROVAL FOR: Teachers/Educators (1000+ level professional development/salary advancement units)
 Nurses/Health Professionals (continuing education contact hours—BRN, MFT, LCSW)
 Business/Other Professionals (continuing education units—CEUs)
 Other (please specify) _____

INSTRUCTOR(S): 1. Dr. Mr. Ms. _____ (LAST) _____ (FIRST) _____ (M.I.)
 2. Dr. Mr. Ms. _____ (LAST) _____ (FIRST) _____ (M.I.)

(NOTE: An Instructor Information Form must be included for each instructor and submitted with this form.)

COURSE COORDINATOR: Dr. Mr. Ms. _____ (LAST) _____ (FIRST) _____ (M.I.)

(NOTE: The Course Coordinator's contact information is the address we will use to send registration materials and the phone number we will call with any questions. Please insure this important information is accurate.)

Position: _____ School/District/Employer: _____

Mailing Address: _____ (STREET) _____ (APT./SUITE)

_____ (CITY) _____ (STATE) _____ (ZIP) Daytime Phone: (_____) _____

Other Phone: (_____) _____

BRIEF COURSE DESCRIPTION:

EXPECTED LEARNING OUTCOMES/OBJECTIVES:

COURSE REQUIREMENTS/ASSIGNMENTS/EVALUATION:

INTERNAL USE

The above inservice course has been reviewed and is:

Approved as is
 Approved with suggested modification: _____

Not Approved (Reason): _____

Signatures: _____ (School Dean) _____ (Date)

_____ (Department Chair/coordinator) _____ (Date)

_____ (Department Chair/coordinator) _____ (Date)