

**Non Credit Training Certificate**

**Course Approval Form**

**Section 1. Proposed Course Outline**

Course Number:

Full Course Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIP Code (Classification of Instruction Programs):

ACTI Code

Prerequisites (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Hours:

Grade Option: ☐ Pass / No Pass only

Certificate Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Hours (minimum 18 maximum 210) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Description (300 character limit):**

|  |  |
| --- | --- |
| **Course Outcomes**  (3-5 outcomes)  What will the student ***know*** or ***be able to do*** at the end of the course? What ***attitudes*** related to the subject will the student hold?  **Upon successful completion of this course, the student will:** | **Assessments Planned**  What evidence will demonstrate that students have achieved course outcomes? (Assessment tools may include departmental tests, written products, portfolios, quizzes and exams, or alternative assessments such as qualitative studies, capstone projects, external reviewers, etc.)  **How each outcome will be assessed:** |
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**Section 2. Proposal Information**

**Course Developer Type of Proposal Type of Course**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ New Course ☐ Non-credit

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Revised Course

|  |  |
| --- | --- |
| **Resources needed to teach this course:**  ☐ List the resources needed to teach this course and indicate the source of funding: (Attach class costing sheet)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Divisional Recommendation:**  ☐ The Division Dean have reviewed this course proposal and kept a copy for divisional files.  ☐ Review of this course was completed within the division on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).  ☐ Pass ☐ Do Not Pass |

**Section 3. Divisional Approval** (To be completed by Division Dean)

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Course Developer Division Dean

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

**Section 4. College Approval**

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Executive Dean for Academic Affairs Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Vice President for Academic & Student Affairs Date