

Travel Course Proposal

This form should be completed for travel courses. Please email the completed form to the chair of the Curriculum Committee. Please see the academic calendar for submission deadlines.					
Course Title:					
Travel destination:					
Dates of travel:					
Proposed by:					
Email:					
Phone:					
Date:					
	COURSE DETAILS				
1. Rationale for course:					

Updated: February 2018

Questions about this form? Contact the Curriculum Committee

2. What are the areaidic learning automorphism for this course?				
2. What are the specific learning outcomes for this course?				
3. How will the learning outcomes be assessed in this course?				
5. Now will the learning outcomes be assessed in this course.				
4. How will this course meet institutional, program, and major/minor outcomes?				
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Plages attach a cample course cullabus that includes				
Please attach a sample course syllabus that includes				
topics, course objectives, sample required readings, assignments, and itinerary.				

PROGRAM AREA AND SCHOOL/COLLEGE LOGISTICS
5. Instructor(s) who will teach the course
(If no current faculty member has been identified, what instructor credentials are needed to teach the course? Note that
no faculty will be hired without first having Academic Affairs review resume and official transcripts.) Attach CV and other
information demonstrating qualifications for faculty members teaching outside their area of expertise.
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6. Cost of course . Attach a budget detailing the expenses for students and faculty. The faculty costs must be covered by the student costs. The budget should include a timeline of anticipated actual expenditure. Include calculated projected
cost per student.
7. What revenue will be generated by the course? (Consider additional enrollments expected; What sort of students will be attracted/targeted? Will students be paying tuition for the course?):
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8. Classroom needs/costs (ex. Lab space, computers):

	COURS	E LOGISTICS					
9. Course Description (for Academic Catalog):							
10. Suggested Level (100, 200, 300, 400):							
11. Course Number: (To be determined by the Registrar)							
12. Grading System	A-F		Choice of A-F or P/NC				
13. Credits:							
14. Course capacity							
15. Estimated enrollment							
16. Prerequisite(s) and/or corequisites. (If there are any, please provide rationale.)							
17. Does this course meet major or minor requirements? Please describe.							

18. Does this course have an effect on other programs? If so, please explain.				
19. Does this course meet a General Education requirement? Describe.				
20. Does the course meet in addition to the travel component? Please explain, including dates and format.				

APPROVALS				
Person Submitting Proposal (signature)			Date	
Department Approval: Chair (signature)			Date	
School or College Approval: Dean (signature)			Date	
Curriculum Committee: Chair (signature)			Date	
Academic Affairs Approval: VPAA (signature)		Date		
President's Approval (signature)			Date	
P	ROCESSING			
Received by Registrar	Date:			
Added to Catalog	Date:			
Added to Nexus	Date:			