

Edgewood College

Professional Development Course Proposal

Date:	New Course Propo	sal Course Renewal
Proposal Author:	Address:	
Title:	City/State/Zip:	
Organization:	Phone:	
	Email:	
Instructor(s):		
Course Title:		
Course Schedule - including date(s) and time	(s):	
Course Location - including address and room	n #:	
Course Description:		
Total Contact Hours:		
One, two, or three credits or CEU's?		
Open to persons from outside your organization?	Yes No	
If Yes, please list contact person or URL for registration	s:	
If location is at Edgewood, is technology support need	ed? Yes No)

Credit Guidelines:

- 1 credit: minimum of 7 contact hours and full attendance;
- 2 credits: minimum of 7 contact hours, full attendance, and reflection on course learnings through assignments;
- 3 credits: minimum of 15 contact hours, full attendance, and application of course learnings through assignments.

Credit Guidelines for online learning

- 1 credit and 2 credits: minimum of 10 online hours; 2 credits only: reflection on course learnings through assignments.
- 3 credits: minimum of 20 online hours, and application of course learnings through assignments.

CEU Guidelines

Participants: (Describ intended participant groups		
Participant Outcomes: (What participants should know a be able to do upon comple of course)		
Assessment of Learning: (Describe evidence/data that will be collected to assess participant outcomes including artifacts and assignments)		
If applicable, Relationship to Wisconsin Teacher and/or Administrato Standards: (Note which standards are addressed in your course)	h	
	dl/programs/standards/teacher dl/programs/standards/administrator	
Delivery Method: Face to Face Fully Online	Predominantly Online (80%-99%) Blended Online (50%-79%)	
	a professional resume/CV with instructor's first course proposal, ot an Edgewood faculty member.	
Please retur	n completed proposal 3 weeks before course startdate	
Via email to: ks	yke@edgewood.edu	
	n Syke, Professional Development Outreach Coordinator jewood College 1255 Deming Way Madison, WI 53717	
OR fax to: 60	3-663-3496	
For Office Use Only		
Approved By:	Date:	
	Assistant Dean for Academic Operations	