

Self-Support Course Proposal

Originator: Please complete this form and send to Linda D. Woodard, Administrative Vice President of Workforce Education and Economic Development. All appropriate information must be complete or form will be returned.

Originator: _____ Campus/Center: _____ Date: _____
Telephone: _____ Fax: _____ e-mail: _____

Use a separate form for each course.

New Course Information

TUITION	_____
+ PARKING FEE	_____
** (parking fee = contact hrs x .03)	
= COURSE FEE	_____

Implementation/Modification Date: _____ (must indicate term indicator)

- *New Course Proposal*

Course ID: SSC _____ (New course numbers will be assigned after approval.)

Course Title: _____

Suggest Abbreviated title for Orion system (20 spaces only): _____

Contact Hours: _____ Course Fee: _____

Additional Fee: _____

Explanation of additional fee: _____

Budget code assigned: _____

** (For purpose of encoding the course, tuition is calculated by subtracting the parking fee from the course fee.)

Changes to Current Course Information *(change must identify appropriate course ID)*

After the course has been activated, you may make additions and changes to the title, description, and fees. You may make more than one change to your course, but forms must be prepared for each request.

Course ID: _____

- Course Title Change

New Course Title: _____

- Description Change (use back or attach appropriate information)

- Fee Change: _____

Explanation: _____

- Other _____

Explanation: _____

Complete Section Below (attach itinerary, outline or any documentation that supports course request.)

Course Description for the Continuing Education Class Schedule Only (Please provide description to the Marketing Dept.)

Course Contact Telephone Number (required for advertising): _____

Prerequisite(s): _____

Materials Fee: _____ Books or Other Requirements: _____

Description (use back if necessary): _____

Signature of Originator: _____ Date: _____

Signature of Immediate Supervisor: _____ Date: _____

Signature of Campus President: _____ Date: _____

Approval Signature of AVP of Workforce Education & Economic Development: _____

The Process: Send completed form to Dr. Linda D. Woodard, Workforce Education & Economic Development for approval. Curriculum Services will assign a course number and forward Marketing if marked accordingly. You will be notified by e-mail when course is ready for encoding. Fee amount is determined during class encoding and entered in "over-ride" area on screen. If you have any problems with encoding please call Curriculum Services at 632-3273. This form will be returned if incomplete.

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