



Continuing Education Course Request Form

Do you wish to propose: Seminar Workshop Course? (check the one that closely describes the event)

Proposed start date: _____ End Date: _____

Date(s) to be included in the course:

Duration (hours per class): _____

Frequency (list days/week): _____

Preferred Course Fee: _____

Should the fee include study guide or material? Yes No

Hosting Department/school: _____

Name of the faculty requesting the course: _____

Is this activity supported by department chair or Dean of School? _____

If you are the Chair of the Department or Dean of the School, please answer the additional questions:

Have you identified faculty to cover all topics included in the course?

Yes No

If you don't have the needed faculty expertise within your department or school, would like Office of CE to help identify such experts within the community?

Yes No

Preferred location for the course (check mark and list in the order of preference):

UTRGV McAllen Teaching Site _____

UTRGV Edinburg campus _____

UTRGV Brownsville campus _____

Other location (please specify): _____

Instructor's (Full name and credentials): _____

Is the instructor a faculty or staff at UTRGV? Yes No

If instructor is a faculty, check what applies: Adjunct Lecturer Tenure-track

Highest level of education completed: _____

- [illegible]



Any additional Information that will helpful:

Does the department of school utilize social media platforms? If so, please list them below.