

Continuing Education Course Request Form

Do you	wish to propose: Se	minar Work	shop	Course? (check the o	ne that closely describes the event)
Propos	sed start date:	End Date:_				
Date(s)) to be included in the co	ourse:				
Duratio	on (hours per class):					
Freque	ency (list days/week):					
Preferr	red Course Fee:					
Should	the fee include study g	uide or materia	l? Yes	No		
Hosting	g Department/school: _					
Name o	of the faculty requesting	the course:				
Is this a	activity supported by de	partment chair	or Dear	of Schoo	l?	
If you a	are the Chair of the Dep	artment or Dea	an of the	School, p	lease an	swer the additional
questio	ons:					
Have yo	ou identified faculty to o	cover all topics i	included	l in the co	urse?	
Yes	No					
If you d	don't have the needed fa	aculty expertise	within	your depa	rtment c	or school, would like Office
of CE to	o help identify such expe	erts within the o	commun	ity?		
Yes	No					
Preferr	red location for the cour	se (check mark	and list	in the ord	er of pre	ference):
	UTRGV McAllen Teach UTRGV Edinburg camp UTRGV Brownsville ca Other location (please	ous mpus				
Instruct	tor's (Full name and cred	dentials):				
Is the in	nstructor a faculty or sta	ff at UTRGV? \	Yes I	No		
If instru	uctor is a faculty, check v	what applies:	Adjunct	Lecti	urer	Tenure-track
Highest	t level of education com	nleted:				



If the instructor is not a faculty, please provide occupation:
Instructor Bio (please limit to a paragraph:
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Does the proposed course include continuing education credits?:
Who is the target audience for the course?:
Course summary:
Course summary.
Learning phiactives (list in a hulloted format):
Learning objectives (list in a bulleted format):
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Any additional Information that will helpful:
Does the department of school utilize social media platforms? If so, please list them below.