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| NON-CREDIT COURSE/WORKSHOP APPROVAL FORM |
| Program Title: |
| Approximate Cost Per Participant: | Target Audience: |
| Class Limit: | Date(s) To Be Offered: | Location: |
| program format |
| **[ ]**  | Class | **[ ]**  | Seminar |
| **[ ]**  | Conference | **[ ]**  | Short Course |
| **[ ]**  | Educational Series | **[ ]**  | Workshop |
| **[ ]**  | Informational | **[ ]**  | Other |
| **Needs Assessment: How were the needs determined for this event/program?** |
| **List (or attach list of) planned outcomes.** |
| **List (or attach a list of) those involved in planning and instruction (attach brief bio, resume, or vita for those involved in instruction).** |
| **Explain types of learning support and materials that will be provided.** |
| **How will participants demonstrate attainment of learning outcomes?** |
| **How will program be evaluated by participants? (attach copy of evaluation instrument)** |
| **What are the requirements for satisfactory completion and/or progress?** |
| **Total number of contact hours:**  |
| **Attach course/seminar/outline or synopsis.** |
|  |
| **Program Administrator:**  | **Telephone/Extension:**  |
| **Email:** |
| **City:** | **State:** | **Zip Code:** |
| DO NOT WRITE IN THE BOX BELOW |
| [ ]  | Approved for \_\_\_\_\_\_\_\_\_\_ CEUs | [ ]  | Not Approved for CEU Credit |
| [ ]  | Approved as a CELL Program | [ ]  | Not Approved as a CELL Program |
| [ ]  | Approved for \_\_\_\_\_\_\_\_\_\_ CLUs | [ ]  | Not Approved for CLU Credit |
| Reviewed by: | Date: |
| [Note: For CEU credit, please submit to Academic Affairs (LJH-Suite 133A) or the CELL Unit Office (FCH Assembly Center-Room 173F)] |