



2012 – 2013

Course Proposal

RETURN TO:
 ICL Curriculum Chair
 ICL Office
 658 East 200 South
 Dixie State College of Utah
 435-652-7670
 Fax – 435-879-4241

INFORMATION ABOUT THE COURSE LEADER:

Name :		Date:	
Street Address:			
City:	State:	Zip:	
Telephone:		E-mail Address:	
Educational Background:			
Professional Background:			

INFORMATION ABOUT PROPOSED COURSE:

COURSE TITLE:

Course Description: Please prepare a short course description that can be used in our Member Handbook. This description is needed by **APRIL 15**, which is our fall semester publication deadline.

Frequency of Class:	Class time length:	Semester(s):	Proposed Class Structure
<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Once a Month <input type="checkbox"/> Other:	<input type="checkbox"/> 50 minutes <input type="checkbox"/> 1.5 hours <input type="checkbox"/> 1 hour 50 mins. <input type="checkbox"/> Other	<input type="checkbox"/> Fall & Spring <input type="checkbox"/> Fall ONLY <input type="checkbox"/> Spring ONLY	<input type="checkbox"/> Classroom <input type="checkbox"/> Field Trips <input type="checkbox"/> Classroom & Field Trips
<p>Special Needs: Please describe any special needs you will have for your class, i.e. VCR, DVD, Computer, Overhead Projector, Supplies, Unusual Room Requirements.</p> <hr/>			
<p>Class Pre-requisites or Limitations: Please describe any pre-requisites or limitations you will have regarding this class, i.e., participants must have keyboard skills; class size limited to 20, etc.</p> <hr/> <hr/>			

Do you already have a preferred classroom?

If so, please list building and room number: _____

Materials/Supplies Required: Please indicate if class participants will need any special materials (supplies, books, etc) for your class. You can also indicate materials that would be helpful but not required.

TEACHING SCHEDULE:

ICL would like to know your preferred teaching schedule. Please keep in mind, however, that your preferred day of the week or time of day may not work into DSC's schedule of vacant classrooms. When you state your preference, be aware that there are more DSC classrooms available in the afternoons, and that early morning classrooms are *rarely* available.

DAY OF WEEK

Please indicate the Day of the Week you would like to teach your class:

Monday Tuesday Wednesday Thursday Friday Saturday

Please indicate a first ALTERNATE Day of the Week you could teach your class:

Monday Tuesday Wednesday Thursday Friday Saturday

If possible, please indicate a second ALTERNATE Day of the Week you could teach your class:

Monday Tuesday Wednesday Thursday Friday Saturday

TIME OF DAY

Preferred Start Time: _____

First Alternate Start Time: _____

Second Alternate Start Time:. _____

A **Course Syllabus/Outline** is often helpful for members taking your class. You may want to consider preparing one for your opening class.

This Course Proposal Form can be mailed to ICL, Dixie State College of Utah, 225 South 700 East, St. George, UT 84770, brought in to the ICL Office at 658 East 200 South, or sent by e-mail to icl@dixie.edu.

I understand that there shall be no conflict of interest between a class instructor or guest speaker and the subject matter or interest of the students attending the ICL activity in question. I further understand that no person associated with ICL is permitted to, or may cause to sell, mention products, services, or recruit in regards to any business activity, during any ICL activity. (Please consult Article 5 of the ICL Code of Conduct for further elaboration of conflict of interest.)

Signature: _____

Date: _____

All new classes must be approved by the ICL Council prior to the start of each semester.

ICL Curriculum Chair Signature: _____

Date _____