



Professional & Continuing Education (PACE) "Third Party" Course Proposal

(for off-site and affiliated course offerings)

• 50 Acacia Avenue, San Rafael, CA 94901-2298 • (415) 485-3255 (415) 482-3575 fax PACE@dominican.edu •

PROGRAM INFORMATION

Title: _____ Course/Service/Workshop (circle one)
 Instructional Site: _____ Semester/Year: _____
 Course Dates*: _____ # Sessions: _____
 Schedule: M T W Th F S Times: _____
 # Hours of In-class Instruction: _____ # Lab Time Hours (if any): _____
 Please specify lab details: _____
 # Units Requested: _____ Enroll. Min/Max: ____/____ Grade Type: P/F

* Grades are issued to students 30 days after instructor submission; plan course dates to allow for certificate requirements.

CONTACT INFORMATION (A Resume for each instructor/guest lecturer must be attached - specifications follow)

Name: _____ SS #: _____
 Address: _____
 Phone: _____ Email: _____
Work Home Fax Cell
 Have You worked with Dominican University before? Please explain: _____

PROPOSAL TERMS & CONDITIONS

The following Terms and Conditions apply to every Course proposed and prospective instructor. Please review carefully and acknowledge agreement by signing below.

1. Dominican University of California reserves the right to approve or deny this Proposal.
2. To be considered, a Course Proposal **must be completed in full** and submitted **with all relevant attachments**.
3. Dominican University of California reserves the right to approve all promotional materials prior to distribution.

_____ Please initial here if we may list your course(s) and contact information on our publicity material (i.e., website, course schedules, etc.). We are pleased to be affiliated with other quality educational programs, and wish to make our program participants aware of additional opportunities for their professional development.

Your signature below indicates your acceptance of and willingness to abide by the stated Proposal Terms & Conditions.

Name (print): _____ Signature: _____ Date: _____

DOMINICAN UNIVERSITY OF CALIFORNIA

Office Use Only

Signature of Approval: _____ Date: _____
 Course Number Assigned: _____ Call Number Assigned: _____ Term: _____

Course Information

Please attach additional sheets if necessary

1. **Course Description:** Please provide a thorough description of course content as it will appear in the course announcement; including general content, goals, outcomes, pre-requisites, and for whom the course is intended.

2. **Course Syllabus:** Describe the basic content and outcomes of each session; include dates and times of each session.

3. **Student Assignments:** List required student activities. Please provide a sample of any handouts to be used.

4. **Evaluation and Grading:** Please explain how the successful completion of a student's work will be verified (i.e., a written assignment, final exam, observation, keeping a log, etc.). Explain grading criteria.

5. **Promotional Materials:** Please attach a copy of all promotional materials you plan to use to market this program.

6. **Instructor Qualifications:** Please submit a resume for each instructor and guest lecturer. Be sure to include the following:
 - Name and Contact Information
 - Present Occupation
 - Academic Background: colleges, courses of study, degree(s) received, etc.
 - Professional Experience (supporting qualifications to teach this course)
 - Publications/Conferences
 - Professional Affiliations (foundations, associations, grants, etc.)
 - References: names, occupations, addresses and phone numbers