



Directions: Please provide the information requested.
Return the completed form to:
Dr. Patrick Guilbaud,
Director Extended Education and Summer Programs
Tillman 208-B
Or via e-mail at guilbaudp@winthrop.edu

Continuing and Professional Education: New Course Proposal

Initiator: _____

Initiator's E-mail: _____ **Initiator's phone:** _____

Course Title: _____

Department: _____ **Course Subject:** _____

Abbreviated Title: _____ **First Offering:** _____

(30 characters maximum)

(Specify month & year)

No. CEU Credits (If applicable): _____; **Check this box if a badge(s) will be offered** →

Winthrop Instructor _____ **WID** _____

Other Lecturer(s): _____

Course to be offered in the...: Fall Spring Summer other (specify) _____

No. of hours per week: Lecture _____ required lab, studio, field work etc. hours (specify) _____

Enrollment: Anticipated/Average _____ Maximum _____ Minimum _____

Focus: 1) Professional Development 2) Job Requirement 3) Personal Enrichment

4) Other (specify) _____

Course Description: This is to be exactly as it will appear in print.

Explain the rationale for this course. Describe specifically how it expands the relationship with both students and surrounding community¹.

¹ Winthrop University's mission statement: <http://www.winthrop.edu/president/default.aspx?id=1620>

Proposed Class Meeting Schedule – *note the applicable day(s) and time(s):*

Day _____ start _____ end _____ ; Day _____ start _____ end _____ ;

Day _____ start _____ end _____ ; Day _____ start _____ end _____

Delivery: Face-to-Face 100% Online Hybrid

If 100% Online check one of the boxes below:

Synchronous Asynchronous

If off-campus, provide the location and the address below:

Location _____ Address: _____

Number of Sessions _____

Proposed Fee Schedule _____

1. Detailed course description (or syllabus) attached? Yes No

2. Approval by relevant committee of sponsoring department? Yes No

3. If this CPE course would modify any curriculum other than that of the sponsoring department, please attach statements from all involved departments indicating their approval. List such departments below.

Initiator: _____ Date: _____

Department Chair: _____ Date: _____

College Dean / VP Unit: _____ Date: _____

Director of Extended Studies _____ Date: _____

Graduate School Dean: _____ Date: _____