

NICHOLLS STATE UNIVERSITY

Office of Continuing Education

Course Proposal Form

Title of Course/Program _____

of class meetings _____ Day(s) of the week _____ Calendar Dates _____

Time _____ (am/pm) to _____ (am/pm) Location Preferred (if any) _____

Room Set-Up ___ Theatre Style ___ Conference Style ___ Workshop Style **Sound:** ___ Sound System ___ Portable Microphone

Audio Visual: ___ Overhead Projector ___ TV/VCR ___ Screen ___ Easel ___ Slide Projector ___ LapTop

Class Description: (please check one of the following)

____ New class (description attached)

____ New description of class previously conducted (description must be attached)

____ Use same class description from _____ (sem) _____ (yr) (Ex. Fall 2000)

Instructor Compensation Worksheet – Use this formula to figure the fee amount that you want to charge for the course and the minimum number of participants you agree to accept before the class would be cancelled:

- A) Minimum pay that you as the instructor would like to be paid to teach the class..... \$ _____
- B) Total amount to be received in course fees (multiply line A by 2)..... \$ _____
- C) Amount of the course fee we should charge participants to take the course..... \$ _____
- D) Minimum number of participants needed to conduct course (line B divided by line C) _____

Course Fee (line C above) \$ _____ Minimum # of participants required to conduct course (line D above) _____

Maximum # of participants _____ Deadline to register (if any) _____ Age Requirement (if any) _____

Additional materials fee charged per participant and collected by Continuing Education \$ _____

Justification _____

Instructor's Name: _____ Cell Number: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zipcode: _____ Work Phone: _____

Email: _____ Fax Number: _____

For Nicholls State Faculty & Staff ONLY: University Department/College: _____

Rank and/or title: _____ Education level: _____ Years of professional experience: _____

Retirement Information: Applicant presently retired? ___ (yes) ___ (no) If yes, from what system? _____

Currently in DROP? ___ (yes) ___ (no) Currently a member of: ___ TRSL ___ State Retirement ___ ORP ___ FICA