|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program information | | | | | | | | | | | | | | | | |
| Program Title: | | | |  | | | | | | |  | | | |  | |
| Proposed Month and Year of Launch: | | | |  | | | | | | | | | | |  | |
| PLANNER’S Checklist for Proposal | | | | | | | | | | | | | | | | |
|  | Completed Course Proposal Form | | | | | |  | | Description of Special Events | | | | | | | |
|  | Program Description | | | | | |  | | Proposed Schedule | | | | | | | |
|  | Planner’s Resume / CV | | | | | |  | | Budget Information | | | | | | | |
|  | Target Audience Description | | | | | |  | | Proposed Modes of Evaluation / Assessment | | | | | | | |
| planner’s Contact Information | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | Employee ID (if applicable): | | | | | | | |
| Address: | | | | | | | | City, State, ZIP | | | | | | | |
| Office Phone: | | | | | | | | Home Phone: | | | | | | | |
| E-Mail: | | | | | | | | FAX: | | | | | | | |
| SCheduling Information | | | | | | | | | | | | | | | | |
| Proposed Dates: | | | | | | | | | | | | | | | | |
| Room Needs | | | | | | | | | | | | | | | | |
|  | | Desks | | |  | Sinks | | | | | | |  | PC Computer Lab | | |
|  | | Tables | | |  | Labs (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | |  | Mac Computer Lab | | |
|  | | Smart Classroom / Capture Room | | |  | Data Projector | | | | | | |  | DVD | | |
|  | | Other Needs (If multiple classrooms are needed, please indicate the number of classrooms or attach additional sheets): | | | | | | | | | | | | | | |
| Type of Credit Requested for the Course | | | | | | | | | | | | | | | | |
|  | | Academic Credit | | |  | Non-Credit / Enrichment | | | | | | |  | CEU (Continuing Ed Credit) | | |
| Enrollment Minimum Number: | | | | | | | | | | Enrollment Maximum Number: | | | | | | |
| Target audience | | | | | | | | | | | | | | | | |
|  | | | Elementary School Students | | | | | | |  | | Working Adults | | | | |
|  | | | Middle School Students | | | | | | |  | | Retirees | | | | |
|  | | | High School Students | | | | | | |  | | The Kirksville Area Community | | | | |
|  | | | Special Needs Students | | | | | | |  | | Business Executives | | | | |
|  | | | Gifted Students | | | | | | |  | | Unemployed / Workforce Development | | | | |
|  | | | International Students | | | | | | |  | | Other: | | | | |
| proposing faculty/staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVING DEAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RECEIVED BY INSTITUTE INTAKE COMMITTEE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  APPROVED BY INSTITUTE DIRECTOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |

**SUPPORTING INFORMATION**

The following items must be included in your application in order for it to be considered. Please submit these items on additional pieces of paper.

**Program Description.** Please provide a detailed description of the intended program and its objectives. Keep the audience for the program in mind. This description will be used to evaluate the value of the program as well as form the promotional materials if the program is approved.

**Planner’s Current Resume of CV.** If you intend to be the primary planner for this program, please submit a copy of your current resume or curriculum vitae.

**Target Audience Description.** Indicate your target audience on the first page of this form. Additionally, include a paragraph or two describing the appeal the proposed program has to the target audience, the needs that the proposed program fulfills for the target audience, and how the program should be marketed to them.

**Description of Special Events.** If your proposed program includes special events that will require extra planning and expense, such as field trips, guest speakers, or other special learning experiences, please describe them.

**Proposed Schedule.** Include a proposed daily schedule for the program. While details might evolve over time, the review committee will want to know how much time is being dedicated to different kinds of experiences, what activities participants might engage in, how meals will be handled, and so forth.

**Budget Information.** Please use the attached Excel workbook to calculate an estimated budget. Please include additional pages to describe the rationale for these expenses. It is particularly important that housing costs and personnel costs be described and explained.

**Proposed Modes of Evaluation and Assessment of Objectives.** Please describe a plan for assessing the effectiveness of your program. Consider how you will evaluate cost effectiveness, student learning, and success in supporting the University mission or community needs. Here it will be helpful if the planner can articulate specific goals to be met by the program and how the program will demonstrate that it has met those goals.

**INSTRUCTIONS**

**Purpose:** The primary purpose of this document is to propose new programs that fall outside of the normal scope of the classroom and are primarily aimed at a non-degree seeking student audience, such as K-12 students, professionals in search of special training, retirees, etc. Persons proposing summer programs or institutes, summer camps, weekend or evening enrichment opportunities, conferences, and the like, will find this program useful. If you are proposing a distinct course or workshop that would be lead only by a single individual, please use the new course proposal from found on the Truman Institute website.

**Program Information:** Please provide the title of the program and the timeframe for launching the initiative. If you are uncertain about when the program would start, suggested a goal for your starting date.

**Planner’s Checklist:** Please use the planner’s checklist to make sure you have completed all of the information asked for on this form, including attachments.

**Planner’s Contact Information:** Please provide full personal data and contact information. If a non-University employee is submitting a proposal to offer a program through the Institute, please write Non-Employee in the Employee ID space. We will need your Social Security Number later when we prepare your contract, as well as those of others who might later be employed by the program. If you are pitching an idea, but do not seek to lead the initiative once started, the Employee ID information may be omitted.

**Scheduling Information:** If you know that your program will require certain kinds of classroom, lab, or meeting space, please detail that information here. Because some programs may be large enough in scope to require multiple types of venues, please feel free to attach additional sheets.

**Academic Credit:** Many summer or weekend programs or conferences do not offer academic credit. However, if you would like to offer some form of academic credit or continuing education units (CEUs), please indicate that preference where asked to indicate **Type of Credit Request for the Course**. You are not required to offer credit in order to have a viable program.

**Target Audience:** Please indicate the likely target audience for your program. It may be that multiple audiences are appropriate, so feel free to check all groups that apply, or indicate additional groups under “other.” This information will help us to better understand how to market your initiative.

If you have any questions about the completion of this form, contact the Truman Institute at 785-5384.

**Signatures:** In order to be considered for approval, this document must include the signature of the proposing faculty member, as well as their academic dean. A Dean’s signature is not needed if the individual is not currently employed by Truman State University, or does not work for an academic unit (such as a staff member proposing a non-credit workshop in an area of expertise).