**ALP COURSE PROPOSAL**

If necessary, click View, then Edit -- or “Enable Editing” -- to fill out the form.

 In an electronic version, the space will expand as needed. On paper, attach a page if necessary.

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|  **Course Information** |
| **Name of the Course:** **(Please limit to 40 characters)** | *Enter Course Title Here* |
| **Semester**:  | [ ] Fall [ ]  Spring [ ] Not YetDetermined |
| **Year:**  | *Enter Term Year* |
| **Number of Sessions:** | *Enter # of Sessions Here* |
| **Length of sessions:** | [ ] 1.5 hrs[ ] 2.0 hrs [ ] 2.5 hrs[ ] 3.0 hrs |
| **Preferred Day/Time/Dates**: (Please indicate the strength of your preference, and give other choices if you can. For example, is the day and time the only time slot you can use? Are you flexible? Can you come any day except a specific one?) |
| *Enter Preferences Here* |
| **Cancellation Preference:** If the class is cancelled because of weather or for another reason, should we reschedule the class or cancel it? [ ]  Reschedule [ ]  Cancel |
| **Method:** Select the method that best describes your plans for this course |
| [ ] Lecture with Q&A[ ] DVDs with discussion[ ] Reading/Discussion[ ] Skill/Activity[ ] Other (Add comments below) |
| **Maximum Class Size, if any**: *Enter Maximum Size, if Applicable* |
| **Course Description:** Give a brief description of the course, limited to 100 words. |
| *Enter Course Description Here* |
| **Further Information, comments about the course you are proposing:** |
| *Enter Further Information Here* |
| **Presenter Information** |
| **Presenter’s Name**:  | *Enter Your Name* | **Professional Title**: *Enter Title* |
| **Street Address**: | *Enter Street Address* |
| **City:** *Enter City* | **State**: *Enter State* | **Zip Code**: *Enter Zip Code* |
| **Email address:** | *Enter Email Address* |
| **Phone:** | *Enter Phone Number* |
| **Cell Phone:** | *Enter Cell Phone Number* |
| **Introduction**: Please provide us with an introduction of yourself (100 words max)  |
| *Enter Introduction Here*  |

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| **Room and Equipment Needs** |
| **Tables:**   |
|  *\_\_\_*  | Number of small tables. (One will be provided to sign-in) |
|  *\_\_\_*  | Number of large tables you need  |
| **Visuals: Check to indicate which of the following you need** |
| [ ]  | DVD player | [ ]  | VCR |
| [ ]  | Whiteboard | [ ]  | Projector (to connect to a computer) |
| **Computer/Projection:** |
| [ ]  | **Power Point:** Please note that all PowerPoint files must be provided **one week prior to your presentation**, so that projection and screen arrangements can be assessed. Please contact your Coordinator for details. |
| [ ]  | Check if you will be **bringing your own computer**.  If so, let us know if your computer cannot connect to a standard VGA cable, so a computer can be provided for you to use. |
| **Microphones:** Unless otherwise requested, large-audience courses will be provided with a handheld microphone on the podium for the presenter and two additional handheld microphones will be used for questions. |
| [ ]  Check if you need a lapel microphone |
| \*\* A prior appointment must be made to adjust the device to your voice, usually about a half-hour before the first meeting. Please contact your coordinator about this. |
| **Additional Set-Up Information:** |
| *Click Here to Enter Further Set-Up Information* |
| **ALP/ Curriculum Committee Contact/Coordinator:**   | *Enter Name of ALP Contact* |
| **Contact/Coordinator’s email:**   | *Enter Email of ALP Contact* |
| \*\*When you have completed the ALP course proposal form, **save it on your computer with your name as part of the file name** and send it as an email attachment to each of the following people:gtgworek@gmail.com, kimballhh@gmail.com, ampier@sbglobal.net and admin@uconnalp.org \*\*  |
| Thank you very much for your interest in proposing a course for the Adult Learning Program (ALP). For further information about ALP or questions about the Proposal Form, please contact Jenny Gaines in the ALP Office (860-785-5609 or admin@uconnalp.org)  |