

International Course Development 2014-15 Proposal Application Form

FACULTY INFORMATION*

Name: _____ Email: _____

UFID: _____ Phone: _____

College: _____ Department/Program/Center: _____

Faculty Status:

- ☐ Tenured
- ☐ Tenure-track
- ☐ Full-time continuing

*If proposed course will be taught by two or more faculty, each person is required to submit a completed proposal application form and brief CV. However, the complete proposal should be submitted together.

PROPOSED COURSE

Course Title: _____ Prefix and number: _____

To be offered in: ____ Fall ____ Spring ____ Summer ____A ____B ____C

Please mark all that apply:

- ☐ New course
- ☐ Existing or pre-existing course
- ☐ Taught by two or more faculty

ENDORSEMENTS

If selected, I agree to the defined course development expectations:

Faculty

Date

I endorse the above faculty member's course development proposal and acknowledge that the proposed course, if accepted, will factor into normal teaching assignments:

Department Chair/Director signature

Date

I endorse the following course development proposal and commit the college to offering the course on a regular annual basis:

College Dean/Dean Representative

Date