

**COURSE PROPOSAL FORM**

Academic Year 2022-2023

|  |  |
| --- | --- |
| **Date:** |  |

|  |  |
| --- | --- |
| **Name:** |  |

# Title of Course:

|  |
| --- |
|  |

# Your Brief Biography Relevant to the Course:

|  |
| --- |
| Due to space considerations in the catalog, please limit your biography to 70 words or less. |
|  |

# Course Description:

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| Due to limited catalog space, please provide a brief but limited informative description of your course offering, in 100 words or less. |
|  |

# Course Outline:

|  |  |
| --- | --- |
| Fall or Spring Session courses are five, 90-minute sessions. Summer courses are held for five or fewer sessions. Selected courses are also chosen where they are offered a 10-week session, each class meeting once per week. Please add more rows to the table below, if needed. | |
| **Week 1.** |  |
| **Week 2.** |  |
| **Week 3.** |  |
| **Week 4.** |  |
| **Week 5.** |  |

# Suggested Book(s):

|  |  |  |  |
| --- | --- | --- | --- |
| List title, author, publisher, ISBN # and edition, and whether **required** or **optional**. Add more rows as needed.  Amazon offers a [search service](https://www.amazon.com/Advanced-Search-Books/b?ie=UTF8&node=241582011) that helps you locate the information you need for your book selections. | | | |
|  | **Book Title** | **Details** | **Required/Optional** |
| 1. |  |  |  |
| 2. |  |  |  |

# Preferences:

Please indicate whether you prefer to teach

* In-Person [ ]
* Online via Zoom [ ]
* No preference [ ]

Note: most in-person classes will be hybrid, allowing remote students to participate via Zoom and to permit course recording.

# Requirements for In-Person Classes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The following section applies only to courses that are offered in-person, either on the Assumption Campus or at other locations in the Worcester area. WISE classrooms include connections for computers and either large screen displays or projectors with screens. Auditoriums offer microphones. | | | | |
|  | **Item (Mark ‘X’ Below)** | | **Type** | **Cost** |
| 1. | None | Yes [ ] No [ ] |
| 2. | Supplies | Yes [ ] No [ ] |  |  |
| 3. | Audio-Visual | Yes [ ] No [ ] |  |  |

# Your Preferred Course Schedule:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Summer**  **Semester** | **Fall Semester** | | **Spring Semester** | |
| **Session A** | **Session B** | **Session C** | **Session D** |
| June  July | September  October | November December | February  March | April  May |
|  |  |  |  |  |
| **Preference:** Please use rank order (1 to 5) above to indicate your preference of when you would like to teach. | | | | |

# Preferences for Class Day, and Time:

\*Note – It is recommended that a class have ten (10) registrants in order to offer the course.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Preference:** Please use rank order (1-5) to indicate your preferred class day & time. | | | | | | |
| Preference | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Any Day or Time** |
| Morning |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |
| Evening |  |  |  |  |  |

# Stipend:

|  |  |
| --- | --- |
| Instructors may either volunteer their services or request an honorarium of $400 for a five-week course. ($80 per class meeting).  If you are a new Instructor to the WISE program and request a stipend, you must contact the WISE Office for a W9 form. If you are representing an organization, and you want the organization to be paid directly, an invoice must be submitted to the WISE office before the end of the term. | |
| **Please Indicate Volunteer or Stipend Request With an ‘X’** | Volunteer [ ] Stipend [ ] |

# New Instructors: How did you hear about WISE?

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| --- |
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# Your Contact Information:

|  |  |
| --- | --- |
| **Name** |  |
| **Home Address** |  |
| **Mobile Phone Number** |  |
| **Email** |  |
| **If a second Instructor is a part of your course, please include their contact information in the following space.** | |
| **If two Instructors are co-teaching, we will send the stipend to the first person listed.** | |
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Thank you for participating in this exciting community endeavor. We appreciate your contribution to the success of WISE!

**Please send** an email with your completed form as a **Microsoft Word** attachment to wise@assumption.edu

Please send any additional questions: wise@assumption.edu