



**RETURN TO:**  
 ICL Office  
 658 E. 200 S.  
 St. George, UT 84770  
  
 Phone - 435-652-7670  
 Fax - 435-674-4726  
 E-mail: icl@dixie.edu

**2017-2018**

## Course Proposal

**INFORMATION ABOUT THE COURSE LEADER:**

Name:		Date:	
Street Address:			
City:	State:	Zip:	License Plate State & Number (for parking permit):
Telephone:		E-mail Address:	
Educational Background:			
Professional Background:			

**INFORMATION ABOUT PROPOSED COURSE:**

**COURSE TITLE:**

**Course Description:** Please prepare a short course description that can be used in our Member Handbook and attach to this form. This description is needed by **APRIL 15**, which is our fall semester publication deadline.

Frequency of Class:	Class time length:	Semester(s):	Proposed Class Structure
<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Once a Month <input type="checkbox"/> Other:	<input type="checkbox"/> 50 minutes <input type="checkbox"/> 1.5 hours <input type="checkbox"/> 1 hour 50 min <input type="checkbox"/> Other	<input type="checkbox"/> Both Fall & Spring (year-long) <input type="checkbox"/> Fall ONLY <input type="checkbox"/> Spring ONLY <input type="checkbox"/> Spring class will be repeat of Fall class	<input type="checkbox"/> Classroom <input type="checkbox"/> Field Trips <input type="checkbox"/> Classroom & Field Trips  <b>CLASS LIMIT :</b>

**Will you be using the audiovisual equipment in the Smart classrooms during your class:**  Yes  No  
 If "yes," a username and password will be provided by ICL at a cost of \$10/semester.

**Class Pre-requisites or Limitations:** Please describe any pre-requisites or limitations you will have regarding this class, i.e., participants must have keyboarding skills; class size limited to 20; etc.

Do you already have a preferred classroom? If so, please list building and room number: \_\_\_\_\_

Do you anticipate any out-of-pocket costs related to this class? If so, please provide an itemized list and dollar estimate. \$\_\_\_\_\_. This information will be used to determine if a lab fee will be assessed.

**TEACHING SCHEDULE:**

Please indicate your preferred teaching schedule. Keep in mind, however, that your preferred day of the week or time of day may not work into DSU's schedule of vacant classrooms. When you state your preference, be aware that there are more classrooms available in the afternoons and that early morning classrooms are *rarely* available.

**DAY OF WEEK**

**Please indicate the Day of the Week you would like to teach your class:**

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

**Please indicate a first ALTERNATE Day of the Week you could teach your class:**

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

**If possible, please indicate a second ALTERNATE Day of the Week you could teach your class:**

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

**TIME OF DAY**

**Preferred Start Time:** \_\_\_\_\_

**First Alternate Start Time:** \_\_\_\_\_

**Second Alternate Start Time:** \_\_\_\_\_

A *Course Syllabus/Outline* is often helpful for members of your class. Please consider preparing a syllabus for your first class session.

This Course Proposal form can be mailed or delivered to ICL, 658 E. 200 S., St. George, UT 84770, faxed to 435-674-4726, or e-mailed to [icl@dixie.edu](mailto:icl@dixie.edu).

*I understand that there shall be no conflict of interest between a class instructor or guest speaker and the subject matter or interest of the students attending the ICL activity in question. I further understand that no person associated with ICL is permitted to, or may cause to sell, mention products, services, or recruit in regards to any business activity, during any ICL activity. (Please consult Article 5 of the ICL Code of Conduct for further elaboration of conflict of interest.)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*All new classes must be approved by the ICL Curriculum Chairman Council prior to the start of each semester.*