COURSE INFORMATION SHEET

PSU’s Continuing Education department in the Graduate School of Education provides quarter credit and non-credit educational experiences for educators and human service practitioners. Proposals for educational offerings are accepted from qualified individuals. For your course to be considered, you must submit the following:

- This information sheet – for all courses, new or repeat
- The course proposal form – for all new courses, click here to find the course proposal form
- A complete course syllabus – for all courses, new or repeat, click here
- A current instructor résumé – for new instructors or if current resume on file has not been updated for two years

Proposals will not be formally considered until ALL information is submitted. All new course forms should be submitted for approval at least six weeks prior to the start of the class. Deadline information for courses (advertised or non-advertised) is posted online, via the hyperlink above. For assistance, call 503-725-9942.

Return forms to: Portland State University, Continuing Education, P.O. Box 751, Portland OR 97207-0751 | Fax: 503-725-4737.

Proposal basics Required

Date of submission: 07/14/2016 Term graded: Fall [ ] Winter [ ] Spring [x] Summer week (4) [ ] (8) [ ] (10) [ ] (12) [ ]

Course information Required

Is this a NEW course? YES (If new, attach the course proposal and instructor’s résumé.)

Course title: Learning the ABC’s of Teaching

Department: Cl: [ ] COUN: [ ] SPED: [ ] ELP: [ ] ED: [ ] Contact hours: 40 Proposed number of quarter credits: 4

Check all that apply: Noncredit [ ] Undergrad credit [ ] Grad credit [x]

Indicate the grad. course number: 810 (406, 408, 409, 410, 506, 508, 509, 510, 808, 810)

Grading options Required

Undergrad credit (select one): A-F only [ ] P/NP optional [ ] P/NP ONLY [ ]
Graduate credit (select one): A-F only [x] *P/NP optional [ ] P/NP ONLY [ ]

*For a graduate course, it is preferable that students take the course for a letter grade. It may be difficult to use P/NP courses for licensure or to transfer them to a graduate program at a later date.

Logistics Required

Location site (building/room): Hotel / Main Conference Room

Address: 9999 SW Natio Pkwy | Portland | OR | 97201
Street/PO Box | City | State | Zip code

Days/dates: M-F Feb 12-20th Specific times: 8am-6pm with 1 hour lunch

Delivery method (select one): fully online [ ] partially online [ ] face to face [x]

Course prerequisites? No [x] Yes [ ] → Prerequisite: _______________________

Course enrollment: (# of students expected) 8 Course enrollment limit: 20

Fees Required (for cooperative credit classes)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSU tuition</td>
<td>$240</td>
</tr>
<tr>
<td>Agency’s Instructional fee</td>
<td>$550</td>
</tr>
<tr>
<td>Materials fee</td>
<td>$50</td>
</tr>
<tr>
<td>Total</td>
<td>$840</td>
</tr>
</tbody>
</table>

Other fees (travel, room/board, airfare, etc – PSU does not collect): $__________

Primary Instructor information Required

Today’s Date

Minimum 10 hours of instruction per credit.
**Instructor(s):** (last, first, middle initial) **Julie Waller**

Highest degree: **Master of Arts**  
PSU ID Number: **999999999**  
Date of birth: (mo/dy/yr) **06-28-1985**  

**Work phone:** **000-000-0000**  
**Address:** **PO BOX 000**  
**City:** **Portland**  
**State:** **OR**  
**Zip code:** **97207**  

**Email address:** example@gmail.com  
New Instructor to PSU **X**

### Secondary Instructor information (If applicable)

Instructor(s): (last, first, middle initial)  
Highest degree:  
PSU ID Number: **required to grade**  
Work phone:  
Address:  
New address?  
Email address:  
New Instructor to PSU **X**

### Grader Information  
(Disregard section if instructor(s) listed above are the course grader(s) or the course is non-credit)

Graders (full) name:  
Date of birth: (mo/dy/yr)  
PSU ID Number:  
Type of class:  
Select one: Cooperative **X** Sponsored **☐** Open enrollment (faculty paid directly by PSU) **☐** Contract **☐**

### Agency Information (Required)

Cooperating or sponsoring agency name: **ABC Educational Organization**  
Agency Federal Tax ID #:  
Address: **PO BOX 000**  
City: **Portland**  
State: **OR**  
Zip code: **97207**  
Agency’s main website: **Example.com**

### Agency Contact Information (Required)

Agency Director (Contract Signer): **Alan Sharp**  
Email: alan@abcd.com  
Phone: **000-000-0000**  

Agency main contact: **Jeremy Anderson**  
Email: jander@abcd.com  
Phone: **000-000-0000**

Agency registration contact Phone: **000-000-0000**  
Email: example@abcd.com

### Registration roster PDF emailing information (Required)

Person to whom the registration roster PDF should be sent: **Jeremy Anderson**  
Email: jander@abcd.com

### Catalog Promotion (Required)

Do you want promotion in the continuing education print catalog? **No** **☐** **Yes** **X**  
Online catalog? **No** **☐** **Yes** **X**  
All promotional materials must be reviewed. Refer to the “Guideline for Flyers” which is on our Instructor Forms webpage

### OFFICE USE ONLY

Instructor rank:  
Courtesy appt: **New**  
Active:  
Three year approval status:  
Term:  
(Summer: week)  
Tuition: $  
Distance fee: $  
Health fee: $  
Other fees: $  

Category:  
Program:  
Index code:  
Detail (revenue) code: **CR** **NC** **SU**