



EXTENDED CAMPUS

**COURSE PROPOSAL FORM
Continuing Education Unit (CEU) Program**

Complete this form and attach additional sheets as necessary to complete this form.

Please attach a copy of the student evaluation form you will be using for this course.

Submit proposal to ecinfo@msubillings.edu. Call 406-896-5890 with any questions.

| | |
|---|---|
| Organization Name: | |
| Contact Name: | Telephone Number: |
| Address: | |
| City: | State: Zip: |
| Email: | |
| | |
| Name of Course: | |
| Dates and Times: | # of CEUs to be awarded: 0.0 (please note 1 CEU = 10 contact hours; 1 hour = 0.1) |
| Minimum number of participants: | Maximum number of participants: |
| Target Audience: | |
| Instructor(s) and qualifications (provide brief bio or attach vita or resume): | |
| | |
| Facilities needed for course: | Materials and equipment necessary: |
| | |
| Course Description (25 words or less) | |
| | |

| Learner Outcomes (Knowledge, Skills and Aptitude) Example: Paralegal CEU – participant will: 1. Employ professional legal writing skills. | Assessment: Example: 1. Student will draft a land use contract. |
|---|---|
| 1. Participant will | |
| 2. Participant will | |
| 3. Participant will | |
| 4. Participant will | |
| 5. Participant will | |