

LSUE

Office of Continuing Education

Non-Credit Course Proposal

All items on this Non-Credit Course Proposal should be completed with a Course Syllabus/Outline. This document along with required personnel documents should be emailed to fwiggins@lsue.edu with a cc to tlouvier@lsue.edu. Personnel documents needed are Resume and an I-9 with a copy of driver's license and social security card. Upon the review of the course proposal, someone will contact you by email. Background checks are electronically conducted through Human Resources.

Instructor: _____
First Name Middle Name Last Name

Professional Degrees/Credentials: _____

Non-Professional Certifications: _____

Address: _____
Street City/State Zip

Phone: _____ **Email:** _____

May we give your personal information to prospective students? _____ Yes _____ No

If yes, check all that apply: _____ Phone _____ Email

References:

Please list two (personal or professional) references that we may contact on your behalf:

	Name	Company/Title	Relationship	Email
1.	_____			
2.	_____			

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Class Title: _____

Class Beginning Date: _____ **Class Ending Date:** _____

Meeting Day(s): _____ Monday _____ Tuesday _____ Wednesday
_____ Friday _____ Saturday _____ Sunday

Number of Class Meetings: _____

Time: From _____ am/pm To _____ am/pm

Class Size: Minimum _____ Maximum _____

Proposed Course Fee (does not include departmental cost): _____

Proposed Instructor Fee: _____

Does instructor fee include classroom supplies? _____ Yes _____ No

If no, what is supply cost per student? _____

Will handouts be provided? _____ Yes _____ No

If yes, would you prefer Continuing Education to copy and assemble handouts?

_____ Yes _____ No If yes, please attach the document.

Will a book be required? _____ Yes _____ No

If yes, what is the title, ISBN, cost of the book? _____

Will you provide the book? _____ Yes _____ No

Will Continuing Education need to order the book? _____ Yes _____ No

Is student to purchase the book as separate cost for class? _____ Yes _____ No

If so, please supply the site to purchase the book: _____

Are there any special skills or a level of experience suggested/required for this class?

Will the students need to bring any special items? If yes, please list:

Would minors be allowed in the class? _____ Yes _____ No Age requirement (if any): _____

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List equipment you, the instructor, will bring/provide:

Equipment that you will need assistance with:

Mark Room Set-up and Audio/Visual Needed:

<input type="checkbox"/> Classroom	<input type="checkbox"/> Empty with chairs only
<input type="checkbox"/> DVD Player	<input type="checkbox"/> Whiteboard & Markers
<input type="checkbox"/> Screen	<input type="checkbox"/> Data Projector
<input type="checkbox"/> Laptop	<input type="checkbox"/> Document camera

Other:

Please explain any special classroom setup:

Class Description:

Instructor Bio: Please describe your experience & qualifications with 100 words or less.

Please note, LSU Eunice reserves the right to edit copy for space, grammar, clarity, and/or market appeal.

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It is the policy of the LSU Eunice Continuing Education Department that there shall be no active solicitation in the classroom. Specifically, no selling of private or professional services, personal books, workbooks, pamphlets, CD-ROMS, etc., will be allowed. Political views should not be discussed for consideration of all individuals. No advertisement or the use of LSU Eunice logos are allowed without prior approval from the Coordinator of Continuing Education.

Instructor payment will be processed upon completion of course, if class is confirmed. Please note, if instructor ***is not*** a TRSL member or an existing instructor with the State of Louisiana educational system, said instructor will need to complete the LSU Vendor Enrollment. ***If an instructor is part of Louisiana Board of Education***, instructor or administrator, an I-9 with a copy of current driver's license and social security card will need to be completed. All potential instructors ***must complete*** a Background Check which will be issued by the Office of Human Resources.

Instructor Signature

Date

FOR INSTRUCTOR COMPLETION:

_____ TRSL _____ Yes _____ No

Retired TRSL _____ Yes _____ No Year retired? _____

Do you have an LLC? _____ Yes _____ No

Current or former LSUE Employee

FOR OFFICE USE ONLY:

_____ New Instructor _____ Existing C. Ed. Instructor _____ Bio

_____ Resume _____ Class Syllabus/Outline _____ Course Description

_____ TRSL Member _____ I-9 (with copy of driver's license & social security card)

_____ LSU Vendor _____ Background Check by Human Resources (electronically)

TYPE OF CLASS:

_____ Professional Development _____ Leisure Class

Instructor Payment:

_____ 50/50 split (after expenses and administrative costs)

_____ Hourly rate