



Grand Valley State University Professional Development Partnerships Program Approval Application for Graduate Academic Course Credit

**Date Submitted to the Center for
Adult & Continuing Studies:**

Select One:

New This is the first time this course is being offered for academic credit.

Repeat This application is for an additional offering of a **previously approved course**.

Course ID and semester:

(Please provide pervious course ID and semester)

Application Details

Course Title:

**Program
Format:**

Face-to-Face - Participants physically attend complete program

Blended/Hybrid - Program is a combination of Face-to-Face and Virtual/Online

Virtual/Online - Complete program through some type of Virtual/Online media

Location: List the complete address where the course is being held.

This will allow individuals to use their GPS if needed.

Event Location
(Business/school name)

Address

City

State

Zip

Course Narrative: *(Include basic, brief information to let participant know what the course is about)*

**Would you also like this course offered for State Continuing Education Clock Hours
(SCECHS)?** **Yes** **No**

Prerequisites: *(Any **course** they must take prior to this program; if none, state None)*

None or Prerequisites *(Please list):*

Technical Specifications: *(Only for online programs - Specific computer needs for this program)*

Course Fee: \$

(The course fee you are collecting for this program - does not include GVSU tuition which is additional)

Total Credit Hours (1-3): (1 academic credit = 15 content hours)

View current tuition rates by visiting: <https://www.gvsu.edu/financialaid/tuition-fees-68.htm>

Is Course Restricted?	Yes	No
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If Yes, list any restrictions related to the course. (Restrictions may include: limited to a specific school, specific teacher group, grade level, etc.)

Restrictions:

Course Details

All meeting dates (include each date the course meets:

Days: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday** **Sunday**

Times:

Grading system for all courses is A-F, letter grades.

Criteria for Evaluation:

Syllabus Attached? Yes No

Estimated number of participants:

[illegible]

- 1.
- 2.

- 1. Attach the course syllabus of the course.**
Please provide information on instructional method, required texts (if any), course objectives, content/topics and specific evaluation methods of the course. Sample syllabus is included at the end of this proposal.
- 2. Attach all instructor resumes/vitae showing education (at least a master degree required), recognized certification/license and a minimum of three years content expertise related to the proposed course. Official transcripts may be required as well.**
- 3. A Faculty Qualifications Assurance Form must be signed by the instructor of record. A form will be sent to you upon submission of this proposal.**

Program Contact

This area contains the contact information and website for the person anyone would contact to register for the program, or to get more information about the program.

Program Contact Name:

Program Contact Phone:

Program Contact Email:

Course Website:

Contact Signature(s):

Original or Electronic

Each Course Proposal must be accompanied by a course syllabus and instructor resume, meeting GVSU academic department approval. It is recommended that the course proposals be submitted a minimum of 45 days prior to course start dates.

Authorized Signatures:

Professional Development Manager - Licensure & Renewal: _____
Date: _____

Dean, College of Education & Community Innovation: _____
Date: _____

Executive Director, CACS: _____
Date: _____

Suggested Course Syllabus for PDP

Course Title:

Course Description:

Credits:

Faculty/Instructor:

Instructional Method:

Required Text/References (in APA format):

Course Objectives:

Course Content/Topics/Outline:

Evaluation Methods:

Please also include any grade distribution information or rubrics to be used for evaluation purposes.