

THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA
CONTINUING EDUCATION, A DIVISION OF
 118 Siskin Building, 615 McCallie Ave., Chattanooga, TN 37403 (423) 425-4344

Course Proposal, Non-Credit Programs

Course Name:
Location:
Date(s):
Instructor(s):*
Contact Person:

1. Program Description:

(Please write a one paragraph description about your course. The description should be suitable for publication. Be as comprehensive, yet concise as possible.)

2. Complete Program Outline/Agenda:

(Please write or attach a detailed outline)

Academic Approval:

(Department Head)

(Date)

(Dean)

(Date)

Number of sessions: _____

Length of each session: _____
 (in hrs and 1/2 hours)

Contact Hours (Total): _____

CEUs (if approved): _____

**Please include Resume or Vitae for each instructor.*