

# Suffolk

COUNTY COMMUNITY COLLEGE  
Office for Continuing Education

## NON-CREDIT COURSE PROPOSAL

Submitted by: \_\_\_\_\_  
Campus: \_\_\_\_\_  
Department (if appropriate): \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address \_\_\_\_\_

Title of Course: \_\_\_\_\_

Course Description: (see below for criteria):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of Hours: \_\_\_\_\_ Seat Limit: \_\_\_\_\_  
Suggested semester, year, day & time: \_\_\_\_\_  
Facilities/equipment/special costs required: \_\_\_\_\_

CHECK ONE:

A.  Proposed by individual (non-departmental or non-college) Approved/Disapproved \_\_\_\_\_  
Assistant Dean for Continuing Education

B.  Proposed by campus department Approved/Disapproved \_\_\_\_\_  
Department Head  
Approved/Disapproved \_\_\_\_\_  
Assistant Dean/Dean of Faculty  
Approved/Disapproved \_\_\_\_\_  
Assistant Dean for Continuing Education

The following are the criteria against which your proposal will be evaluated:

- uniqueness in the context of the college-wide program and in comparison to existing courses;
- anticipate community need/interest
- appropriateness as a continuing education course (relevance to SCCC mission; application/skill-oriented; minimal theory; training vs. education; a vocational; of short duration)
- availability of facilities and equipment

Please submit a copy of your resume, if it is not on file at the college, or if course is out-of-discipline, submit a statement of qualifications. If you have any questions, please call 451-4114.