

Suffolk

COUNTY COMMUNITY COLLEGE
Office of 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 _____
Associate Dean of Continuing Education

B. Proposed by campus department Approved/Disapproved _____
Department Head
Approved/Disapproved _____
Assistant Dean/Dean of Faculty
Approved/Disapproved _____
Associate Dean of 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.