

CAMPBELLSVILLE UNIVESITY
ACADEMIC INTERNATIONAL TERM (CUEST) COURSE PROPOSAL

DATE SUBMITTED:

Instructor(s):	
Course Title:	

A. Course Information

1. Course Type

	A New Course	
	An accumulated credit course (Special Topics)	
	A course currently in the catalog	
	General Education course	

Credit (Place X)	
	Credit
	Non-credit

2. Catalog Information

Proposing Faculty Member 1	
Proposing Faculty Member 2 (If Any)	
Academic Unit (School/Program)	
Course Prefix and Number	
Credit Hours	
Full Title For Catalog	
Class Schedule Title 24 character maximum, including blanks)	

Catalog Description:

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3. Prerequisites (list as applicable; if none, so indicate)

Course Prefix/Number	Course Name

4. Cross-Referenced Courses (list as applicable; if none, so indicate)

Course Prefix/Number	Course Name

Prerequisites: Two terms completed at Campbellsville University, and permission of instructors.

Proposed Course Dates:	
Proposed Out-of-Country Dates (minimum of 10 days abroad):	
Proposed Meeting Time(s) while on campus:	Proposed Meeting Place while on campus:
First choice:	First choice:
Second choice:	Second choice:
	Third choice:

Enrollment Limit (Minimum of 10):
Course Fee: (CUEST: please attach itemized budget.):
Course Fee should be credited to the following Department:
Estimated Total Cost of Participation:

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Courses will be taught: (X)		Is this a new course? (X)	
<input type="checkbox"/>	on campus	<input type="checkbox"/>	Yes
<input type="checkbox"/>	off-campus, domestic	<input type="checkbox"/>	No
<input type="checkbox"/>	off-campus, international	<input type="checkbox"/>	If "No", indicate previous course number.

Courses will be hybrid: (X)		Is this a new course? (X)	
<input type="checkbox"/>	on campus	<input type="checkbox"/>	Yes
<input type="checkbox"/>	off-campus, domestic	<input type="checkbox"/>	No
<input type="checkbox"/>	off-campus, international	<input type="checkbox"/>	If "No", indicate previous course number.

This course is designed for:			
Check One (X)		Check One (X)	
<input type="checkbox"/>	Undergraduate	<input type="checkbox"/>	Majors
<input type="checkbox"/>	Graduates	<input type="checkbox"/>	Non-Majors
<input type="checkbox"/>	All Students	<input type="checkbox"/>	All Students
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	

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Course Information

A. Proposal Syllabus

Please attach a syllabus for the Proposal. The Proposal Syllabus must include the items below:

- Course title and other descriptive information
- The textbook to be used (author, title, publication date, ISBN)
- Learning objectives of the course
- Teaching approaches to be used
- Requirements and/or grading method, including the grading scale
- Class session outline
- Bibliography as appropriate (listings should include author, title, publication date, and an indication as to whether the Montgomery Library currently holds this item)
- Any other information the author of the Proposal Syllabus deems appropriate

E. If you are proposing that this course meet a requirement in your department or in another department, please explain here.

F. Course Demand. What students do you hope to attract?

G. Purpose of Travel

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Please attach an explanation for how traveling to the location will enhance the student learning experience. Please address the following questions:

- How will visiting the location provide an experience that cannot be provided in the classroom?
- What location-relevant tasks will students be performing?
- How will being on-location enhance the instructor’s ability to explain or delivery course content?
- How will on-site learning be assessed?
- Approximately what portion of course content will be delivered in-person (on-site/in-transit) as opposed to online?

Approximately how many hours per day should the student expect to be engaged in learning-related activities?

H. Rationale about the location and why it is a good place to study the proposed subject, including mention of local contacts and any safety/security concerns:

I. Location of Travel

Identify the location (Attraction/City/State) the Study Away trip plans to visit. If visiting more than one location, list each location in order. Provide the number of nights for which hotel stay expenses might be incurred. For any day trips, list number of nights stay as “0”.

Location (City/State)	Number of Nights Stay	
Total Expected Nights Travelled:		

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J. Estimated Cost of Travel

What costs, if any, will be incurred in order for a student to participate in the experience? Examples include but are not limited to: tickets or admissions fees, local transportation, equipment purchases or rentals, etc. Do not include normal daily expenses such as food or personal clothing. Note: Responses can be estimated; it is not necessary to fully itemize all expenses.

Description of Expense	Estimated Cost/Student

K. Impact of the Course

Please assess the impact of the proposed course in the following areas:

- Impact on other academic areas/programs
 - What is the effect of the proposed course on the resources (personnel, equipment, facilities, etc.) of other academic areas?
 - If an impact is expected, has the head of the impacted academic area been consulted?

Have changes to existing courses been evaluated for impact on the teacher education curriculum? Note: Any changes in courses related to the teacher education curriculum must have a written endorsement from the Dean of the School of Education.