



UNIVERSITY OF NORTHERN COLORADO

Extended Campus

Professional Development Course Request

The staff of Extended Campus can help you manage Professional Development Course delivery (site-based and/or online) upon Dean approval and when you provide the information requested below. Signature of the Dean & School Director indicates their agreement and support for delivery of this course in the manner proposed. Please complete this form, obtain the required signatures, attach a syllabus, and submit via email to [Shawna Watson](#), Extended Degree Program Services Coordinator. Note: UNC student immunization policies apply to Professional Development Course enrollment. Once students register, they will need to submit COVID vaccination information or an exemption.

Date of Request: \_\_\_\_\_

Course Details:

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

Prefix \_\_\_\_\_ Course # \_\_\_\_\_

Term \_\_\_\_\_ Year \_\_\_\_\_

Capacity \_\_\_\_\_ Credits \_\_\_\_\_

Online \_\_\_\_\_ Face to Face \_\_\_\_\_ Hybrid \_\_\_\_\_

Grade Mode (Pass/Fail, Letter, Etc.) \_\_\_\_\_

Meeting Times:

Course Start Date: \_\_\_\_\_ Course End Date: \_\_\_\_\_

Day(s) \_\_\_\_\_ Times \_\_\_\_\_ Location/Site \_\_\_\_\_

Day(s) \_\_\_\_\_ Times \_\_\_\_\_ Location/Site \_\_\_\_\_

Day(s) \_\_\_\_\_ Times \_\_\_\_\_ Location/Site \_\_\_\_\_

Instructor Information:

Instructor Name \_\_\_\_\_ Instructor Bear # \_\_\_\_\_

Is the instructor paid: Yes \_\_\_ No \_\_\_

Course Rationale/Details:

Signatures signify approval and intent to offer this course through Extended Campus.

Instructor/Course Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

School Director: \_\_\_\_\_

Date: \_\_\_\_\_

College Dean: \_\_\_\_\_

Date: \_\_\_\_\_

Extended Campus: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only:

CRN: \_\_\_\_\_

Tuition: \_\_\_\_\_

Restrictions: \_\_\_\_\_