In-Service Graduate, Professional Development, Non-Credit

DATE OF REQUEST______________________________________

Complete all items, provide necessary attachments, and send to:
Office of Graduate and Continuing Education, Education Department,
Massachusetts College of Liberal Arts,
375 Church Street, North Adams, MA 01247
Or...email completed forms to k.jourdain@mcla.edu
Requests should be submitted at least 30 days prior to the course start date.

OFFICE USE ONLY
Approved ______________ Not Approved ______________ Date_________________
Course Number Assigned ________________ # of Credits Requested _______
Course Title _________________________________________________________
Signature___________________________________________________________

APPROVAL REQUESTED

_________ In-Service Graduate Course (see guidelines, p. 3)

_________ Professional Development Points (PDPs) (see guidelines, p. 3)

_________ Non-credit Courses (see guidelines, p. 3)

TYPE OF PROGRAM

_________ New ________ Repeat ________ Revised

CATALOGUE DESCRIPTION: 90 Word Limit

FORMAT

_________ Lecture: No. of Contact Hours: __________

_________ Seminar: No. of Contact Hours __________

_________ Special Format: Describe

Approved 7/09 (Updated 10.4.12)
SYLLABUS
Attach a syllabus that includes the following:
1. Rationale
2. Content
3. Objectives/Outcomes
4. Learning Activities
5. Instructional Materials
6. Basis for Evaluation of Students
7. Selected Bibliography

INSTRUCTOR

_____MCLA Faculty, OR

_____Named Instructor: _________________________________________________

Please attach resume with highest degree indicated.

FINANCIAL ARRANGEMENTS

Check all that apply:

_____ In-Service Graduate Course (may not be used towards MCLA advanced Degrees).
  Suggested fee per credit: _______________ Total course cost: ___________

_____ For Professional Development Points (PDPs ) OR Non-Credit Courses
  Suggested number of PDPs: ___________
  Suggested total fee for course: ___________

_____ MCLA will pay instructor
  $__________(indicate suggested amount)

_____ Sponsoring organization will pay instructor.
  $__________(indicate suggested amount)

_____ MCLA will advertise course.

_____ Sponsoring organization will advertise course.

Please indicate how course will be advertised:

OFFICE USE ONLY

Administrative fee applied  _____yes  _____no

Percentage ___________
SUPPLEMENTAL INFORMATION

General Guidelines for In-Service Graduate Courses *
1. A three credit course will meet for a minimum of 37.5 instructional hours. (12.5 hours per credit.) In
addition, two hours of out-of-class work are expected per instructional hour.
2. Instructors are expected to possess credentials/degrees at least one level higher than the level at which they
are teaching.
3. Instructors must be approved by MCLA’s Professional Development Committee
   * Required by MA Department of Elementary and Secondary Education (DESE)

General Guidelines for Professional Development Courses (for PDPs) **
1. Each PDP requires one hour of class time.
2. Instructors must be approved by MCLA’s Professional Development Committee
   ** Required by MA DESE, Recertification Guidelines, Appendix D

General Guidelines for Non-Credit Courses
1. Courses must be reviewed and approved by the Dean of Graduate and Continuing Education.
2. Instructors must be approved by the Dean of Graduate and Continuing Education.

Sponsoring Organization: ________________________________________________

Funding Source: Student tuition cost: ______________
Student materials/text estimated cost:____________
Any external funding (such as grant) offset: __________

Requested Course Location: ______________________________________________

Requested dates & times of class meetings:
________________________________________________________________________________________

Please indicate facilities needs including any equipment (such as computer access or overhead projector).
Also, indicated projected number of seats required.
_______________________________________________________________________________________

Target Audience: _____Teachers How many? _____

_____Administrators How many? _____

_____Others How many? _____

Submitted by: Name: __________________________________________________________

Position: _________________________________________________________________

Contact information: _________________________________________________________

Date submitted: ____________________________________________________________

Approved 7/09 (Updated 10.4.12)