

INSTRUCTOR COURSE PROPOSAL FORM



THE PURPOSE OF THIS COURSE OUTLINE IS TO PROVIDE AN OVERVIEW OF THE INTENDED COURSE WHICH YOU WOULD LIKE TO TEACH AT LIFE INSTITUTE. THE CURRICULUM COMMITTEE WILL REVIEW ALL COURSE PROPOSALS. PLEASE NOTE THAT WE WILL BE RUNNING FOUR SEMSTERS THIS YEAR (2018-2019), FALL, WINTER, SPRING AND TRIALLING A NEW SUMMER SEMESTER. YOU ARE ENCOURAGED TO SUBMIT COURSE PROPOSALS FOR ALL OR ANY OF THE FOURS SEMESTERS.

Instructions for filling in the form:

1. **Save** the form on your computer as soon as you receive it as an email attachment.
2. To fill the form, you can **only** type what it states you may enter text.
3. Once you have filled the form, make sure you **save** it so you can email it back as an attachment.

FROM:

NAME: **First Name Last Name**
PHONE: **Telephone #**
EMAIL: **Email address**
DATE OF APPLICATION: **Click or tap to enter a date from menu.**

1. What is the title of your proposed course?

Click or tap here to enter text.

2. Will you require audio-visual equipment? Please specify:

Click or tap here to enter text.

3. What topics would be covered in each week of your course? Courses need to be a minimum of 4 weeks in length and can only be offered previous under special circumstances and by previous approval.

WEEK #1

Click or tap here to enter text.

WEEK #2

Click or tap here to enter text.

WEEK #3

Click or tap here to enter text.

WEEK #4

Click or tap here to enter text.

WEEK #5

Click or tap here to enter text.

WEEK #6

Click or tap here to enter text.

WEEK #7

Click or tap here to enter text.

WEEK #8

Click or tap here to enter text.

4. What learning outcomes do you hope to achieve in teaching this course?

Click or tap here to enter text.

5. Are you planning to distribute a reading list before the class starts and/or additional hand-outs to the class during the course? Please detail.

Click or tap here to enter text.

6. Will there be any extra costs for materials etc. to be paid by the members of the class? If so, give details.

Click or tap here to enter text.

7. Is there a maximum and/or minimum number of participants limit in your class? Explain why.

MAXIMUM **NO** **YES** **How Many? Max#**

MINIMUM **NO** **YES** **How Many? Min#**

Click or tap here to enter text.

8. Course Style:

Select style by clicking on one field and selecting the choice from the pull-down menu.

Lecture with some Q&A

Lecture with some discussion

Discussion

Interactive, hands-on

9. Course Timetable Information:

Session: **Select Semester**

Indicate your first **FIVE** choices of DAY and TIME by clicking on each field and selecting the choice from the pull-down menu. Please note that the fewer choices you give us, the harder it will be to find you a time slot.

DAY **TIME**

DAY **TIME**

DAY **TIME**

DAY **TIME**

DAY **TIME**

10. Please provide a brief, sharply-worded promotional Calendar description for this course of not more than 100 words.

Click or tap here to enter text.

11. Personal Background. Please provide a 40 word bio for the calendar.

Click or tap here to enter text.

The LIFE Institute's Lecturer's Handbook contains valuable information to help you plan your course and is available upon request.

Please return this form to curriculum@thelifeinstitute.ca.

If you are a volunteer instructor and need assistance, please contact Sharon Zeiler at szeilerrd@gmail.com.

If you are a contract instructor and need assistance, please contact Elisabete Way at e_way@thelifeinstitute.ca.

FOR OFFICE USE ONLY

Instructor Category: CI VI TVI

Course Style: SG FC GS L I

Course Category:

Semester: Fall Winter Spring Summer

Max #

Min #