Course Request Form for New and/or Revised *Courses*

Use this form for ***Course*** Information Only

**DCF - Dave, Sally, Mark, Heather; CS – Dave, Lynda; CC - Amy Jacobs, Phil Hurst**

**Requested By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Lead** (contactfor course content/eligibility): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Course Information**

Course Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a brand new course? [ ]  yes [ ]  no

If not, what was the previous name of this course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Description:**  All courses ***must*** have a course description. Use the template on the next page, and include the course description when you return this form.

**Intended Audience** (check all that apply):

[ ]  Child Support

[ ]  W-2

[ ]  Workforce Development

[ ]  Child Care (WI Shares)

[ ]  Child Care (Certification)

**Additional Options** (check all that apply):

[ ]  W-2 New Worker Only

[ ]  ECM (Enhanced Case Management)

[ ]  Supervisors

[ ]  Desk Aid/Reference Guide

[ ]  Review

**Limited Number of Critical Key Words
(If necessary):**

**For Group Learning Events (check one):**

[ ]  Classroom

[ ]  Teleconference

[ ]  Video Conference (SPARK)

[ ]  Webinar (Zoom, Teams, Etc.)

Number of hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start time/End time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minimum Capacity: \_\_\_\_ Maximum Capacity: \_\_\_\_

*Enroll Close Date*:

[ ]  standard 14 calendar days before the class

\_\_ other

*Confirmation Letter:* If different than standard confirmation letter, attach content of confirmation letter.

**For Independent Learning :**

*Delivery Method (check all that apply):*

[ ]  Computer-Based Training

[ ]  Document

[ ]  Quiz

[ ]  Podcast

[ ]  Survey

[ ]  Training On Demand

[ ]  Webcast

[ ]  Web Page

*Estimated time to complete the course:*

\_\_\_ hours, \_\_\_\_\_ minutes (Not needed for Desk Aids)

**Course Search / Training Catalog**

[ ]  *Course available and visible via Course Search / Training Catalog?*

***Return this course request form and the course description to:***

# Registration Staff; UWO CCDET; Oshkosh, WI 54901

 Fax: (920) 424-1112 Phone: 920-424-1071 (e-mail): regstaff@uwosh.edu

### *Course* Description Template

#### **All courses *must* have a course description.**

**Requested By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Course Name:** Enter course name here

[ ]  ***Group Learning*** – [Classroom, Webinar, teleconference, as specified]

**OR**

[ ]  ***Independent Learning*** – [Webcast, CBT, Document, Webpage, Quiz, Podcast, Survey, as specified].

**NOTE:** If there is a combination, then indicate all options.

**Brief description that captures interest and course benefits for learners:**

**Intended Audience:** List intended audience here

**Prerequisites:** List prerequisites here

**What to Bring:** List what to bring here. If there are none: “No additional materials needed”

***NOTE:***  If attendees need to print and bring a Participant Guide, indicate that here.

**Contact Hours:**

[ ]  *For Group Learning (e.g., classroom trainings):* # of contact hrs. = \_\_\_\_\_\_\_\_\_\_

[ ]  *For Independent Learning (e.g., WLW):* estimated # of hrs. to complete = \_\_\_\_\_\_\_\_\_

**Special Notes:** If there are no special notes: **“**None”

***NOTE:***  This is where ECM and/or PD credit information is entered.

**Release Date:** Month and year the project will be available.

**Contact for Questions:** e-mail, phone number

***Return the course description***

 ***and the course request form to:***

# Registration Staff; UWO CCDET; Oshkosh, WI 54901

Fax: (920) 424-1112 Phone: 920-424-1071 (e-mail): regstaff@uwosh.edu

**Instructions for Completing Course Request Form:**

**For Group Learning & Independent Learning:**

**Intended Audience (Check all that apply)**

Check all the job functions that apply to the course. This is defined as the Intended Audience, or the audience for whom the course was developed. There may be additional audiences for whom the course is appropriate, but limit these choices to the target audience for the course.

**Additional Options (Check all that apply)**

Check all items that are relevant to the training topic.

* Check W-2 New Worker ONLY if the course is appropriate only to new workers and no one else.
* Check Supervisors if the course was developed as a supervisory course and supervisors are the target audience.

**Additional Key Words:**

If there is a critical need for a limited number of additional key works, indicate them here.

Complete the sections related to the course itself under **For Group Learning Events** and/or **For Independent Learning.** Be sure to check the appropriate items to identify the method of the course.

**For Desk Aids and Reviews:**

Page 1: Indicate:

* Intended Audience
* Additional Options
* Delivery Method

Page 2: Include:

* Title of Desk Aid/Review
* Brief description, including “This desk aid covers:” bullet points if appropriate
* Intended Audience
* Release Date
* Contact for Questions

Additional Information Required:

* The Desk Aid/Review file name (so the file can be launched from Learning Center)