

WORKSHOP PROPOSAL

SCHOOL OF EDUCATION



To be completed by Workshop Coordinator.

Title _____

Dates _____ Total Contact Hours _____ # Expected _____

Credits _____ Per Credit Fee _____ Total Cost for Workshop _____

Location of workshop _____

Workshop Description _____

Workshop Requirements: **(Syllabus and bibliography attached to this proposal.)**

Advertising: **(Publicity releases must be approved by the Dean and attached to this Proposal.)**

All advertising and information for students should include: School of Education requires payment of workshop fees no later than the first day of class.

REGISTRATION FORMS and checks must be sent to the Dean's Office within 7 days from the start of the workshop

Coordinator _____ Telephone _____

Address _____ City, State, Zip _____

Email Address _____

Instructor's Name _____ email _____

(Resume for each instructor attached – even if you have had a prior workshop)

Transcript request cannot be included with workshop registration. Students may order transcripts on-line through the GONZAGA UNIVERSITY Web site, www.gonzaga.edu. In the Search box enter, On-line Transcript Request.

To be completed by Gonzaga University:

DEPT _____ COURSE # _____ CREDITS _____ CRN# _____

BUDGET/DEPOSIT INFORMATION

Workshop Course Fee _____ (\$ _____ per credit)

Registrar's Office Fee (\$10.00 each student)

DEPOSIT DETAIL CODES

(BPAA 910211) REGF

Approved: Dept. Chair (required) _____ Date: _____

Dean _____ Date: _____

Office of the Dean

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