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.)*

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) DEPOSIT DETAIL CODES

Registrar's Office Fee $(10.00 each student) (BPAA 910211) REGF

Approved: Dept. Chair (required) ___________________ Date: ______________

Dean __________________________ Date: ____________________