

FOR ADMINISTRATIVE USE ONLY

Course Number _____ Advisor Signature: _____
Approval Date: _____

WORK PLAN PROPOSAL

I. BACKGROUND:

Name: _____ School District: _____
Address: _____ Grade Level: _____
Subject Taught: _____

Phone: _____
Email: _____ Faculty Advisor: _____

Course Title: _____
No Hours: _____
Level: _____ **Discipline:** _____

II. COURSE DESCRIPTION:

III. GENERAL GOALS:

IV. DETAILS OF LEARNING PLAN

V. LIST OF ASSIGNMENTS & ANTICIPATED DATES OF COMPLETION

VI. SUMMARY OF WORK HOURS (estimated hours I will spend on each phase)		
Work Plan Proposal	(automatic)	3 hours
<u>Details of Learning Plan</u>		<u>hours</u>
Total:		hours

VII. DISCLAIMER

I have never received university credit or hours for the work I am submitting in this work plan.