

INTERCAMPUS COURSE SHARING PROPOSAL

PROPOSAL AUTHORS (INCLUDE CAMPUS AFFILIATION)

PROVIDE THE NAME OF THE 'MAIN' AUTHORS OF THIS PROPOSAL AND THE CAMPUS THEY ARE FROM.
NOTE: THERE WILL BE AN OPPORTUNITY IN THE TABLE BELOW TO LIST THE ADDITIONAL FACULTY COLLABORATORS.

Proposal Author(s):
 Faculty Collaborator(s):

COURSE DETAILS

REPLICATE THE FIGURE BELOW TO COMPLETE THE CHART FOR **EACH COURSE** YOU WISH TO BE ATTRIBUTED TO THE INTERCAMPUS COURSE SHARING PROGRAM.

Primary Institution Information		Secondary Institution Information	
Institution		Institution(s)	
Course Career <i>(i.e. GRAD or UGRAD)</i>		Course Career <i>(i.e. GRAD or UGRAD)</i>	
Course Subject		Course Subject	
Catalog Number		Catalog Number	
Course Title		Course Title	
Principle Instructor <i>(on Primary Campus)</i>		Principle Instructor <i>(on Secondary Campus)</i>	
Course Description			
Anticipated Term of Delivery			

Additional Faculty Collaborators	Additional Faculty Collaborators
Additional Comments (if needed)	Additional Comments (if needed)

BUDGET

NOTE: SALARY CALCUATIONS SHOULD INCLUDE BENEFITS (WHEN APPLICABLE)

FOR **EACH COURSE** COMPLETE THE TABLE PROVIDED BELOW BY ITEMIZING THE COURSE BUDGET (AND PROVIDE JUSTIFICATION FOR THE REQUEST). YOU MAY ADD ROWS AS NEEDED.

Expenditure Details	\$ MU	\$ S&T	\$ UMKC	\$ UMSL	\$ Total
\$ Total					

TOTAL PROPOSED BUDGET: \$ _____

DOCUMENTATION OF SUPPORT

USE THIS FORM OR ATTACHED LETTERS AND EMAILS FROM THE PRIMARY CAMPUS DEPARTMENT AND THE SECONDARY CAMPUS(ES) TO INDICATE THEIR SUPPORT OF YOUR PROPOSAL

PRIMARY CAMPUS

ADMINISTRATION

Note: Use the statement below for EACH unit involved on the PRIMARY campus.

I, _____, as Dean/Chair/Director of _____ fully support this Intercampus
Signature of Dean, Chair, or Director Name of dept. where the cours(es) are being delivered from

Course Sharing proposal between the campuses of _____ and _____.

INSTRUCTIONAL DESIGNER

I, _____, as Instructional Designer on the primary campus, have reviewed the technology needs and have
Signature of Instructional Designer
discussed with the faculty member(s) the role this office will play in assisting with delivery of this course. We have created a consulting plan and will be coordinating our efforts with the secondary campus(es).

SECONDARY CAMPUS(ES)

ADMINISTRATION

Note: Use the statement below for EACH unit involved on the SECONDARY campus(es).

I, _____, as Dean/Chair/Director of _____ fully support this Intercampus
Signature of Dean, Chair, or Director Name of dept. where the cours(es) are being delivered to

Course Sharing proposal between the campuses of _____ and _____.

INSTRUCTIONAL DESIGNER

I, _____, as Instructional Designer on the secondary campus, have reviewed the technology needs and have
Signature of Instructional Designer
discussed with the faculty member(s) the role this office will play in assisting with delivery of this course. We have created a consulting plan and will be coordinating our efforts with the secondary campus(es).