



Student Learning Outcomes Program Proposal Form

Personal Development Interpersonal Development
 Cognitive and Practical Skills Social Responsibility and Diversity
 Intrapersonal Development

Date: _____
 Time: _____
 Location: _____

Department/Name: _____ Submission Date: _____

- 1. Program Title: _____
- 2. Is this a collaborative program? Yes No 4. Anticipated Program Cost: \$ _____
- 3. Other departments involved: 5. Attendance Goal: _____

6. Program Outcome Goals:

7. How will you know if you were successful in achieving your program goal?

8. Program Outline:

9. In what ways does this program support the domain selected above?

Dean of Students Signature: _____ Date: _____



Learning Outcomes Program Evaluation Form

Department/Name: _____ Submission Date: _____

Program Title: _____ Program Date: _____

Anticipated Program Cost: \$ _____ Actual Cost: \$ _____

Attendance Goal: _____ Actual Attendance: _____

1. Outcome Goals (Copy from Program Proposal):

2. Did you accomplish your goals? Yes No

3. What did participants learn from this program?

Terms of Acceptance and Signature

I, the applicant for this form, warrant the truthfulness of the information provided above.

Electronic Signature

I understand that by checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.