

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:** _____
SS#: _____

Course Title: _____
Number of Qtr Credits: ___ **Credit Level:** ___ (400 or 500) **Discipline:** _____

II. COURSE DESCRIPTION:

III. GENERAL GOALS:

IV. DETAILS OF LEARNING PLAN

A. INFORMATION ACQUISITION

B. LEARNING APPLICATION

500 LEVEL ASSIGNMENT:

C. SELF REFLECTION

D. INTEGRATION PAPER

V. ASSIGNMENTS TO BE SUBMITTED TO MY FACULTY ADVISOR:

VI. SUMMARY OF WORK HOURS

Work Plan Proposal	(automatic)	5 hours
<u>Integration paper</u>	<u>(automatic)</u>	<u>3 hours</u>
TOTAL:		___ hours

VII. DISCLAIMER

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