Course of Innovation Proposal Submission Form

Name(s):		
Academi	c Unit(s):	
Course Prefix and Number to be Considered: Proposed signature learning experiences (check all that apply):		
If selected	d, I agree to (all boxes must be checked):	
□ pr	present a final version of the course at the end of Summer I 2024	
	nge, I will receive a three-hour course reas anal development funds (to be paid in Sun	· -
I acknowl	ledge that this application includes (all bo	xes must be checked):
□ tir □ we m □ sa □ m le	 timeline of development week-by-week curricular outline, including details of how AI/MCs/zero- or low-cost materials will be integrated into the course; sample assessment ideas; methods for ensuring students can articulate the skills (e.g., in a résumé, on a cover letter, in a job interview) learned from the Course of Innovation; 	
Faculty M	Member 1 Signature	Faculty Member 2 Signature (if applicable)
Academic	c Unit Head Signature	