

Program # _____

(For Staff Use Only)

SPONSORING DEPARTMENT/AGENCY

Name of Department / Agency _____

Contact Person _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Email Address _____

COURSE INFORMATION

Program Title _____

Program Instructor(s) _____

Date Program Begins _____ Date Program Ends _____ Time(s) _____

Program Location _____

Total Contact Hours _____ Number of CEUs requested (1 CEU = 10 contact hours) _____

Anticipated Number of Participants _____

ADDITIONAL INFORMATION

Has this course been previously approved by the University of Maine?

YES

NO

Please provide a brief description of the course along with its objectives

If no, please provide the following info separately:

Detailed documentation of:

- Goals and objectives
- Assessment and evaluation methods
- Instructor qualifications

Please complete and return with the \$50.00 application fee. Payment must be submitted with the application. UMaine Departments may submit an IDO.

Check Enclosed (please make payable to the University of Maine) Check # _____

Online Payment

Mail to: Hutchinson Center, University of Maine, 80 Belmont Avenue, Belfast, ME 04915

Phone: 207.338.8002 **Fax:** 207.338.8013 **Email:** um.fhc.pd@maine.edu **Website:** hutchinsoncenter.umaine.edu

FOR OFFICE USE ONLY

Approval Granted for _____ Units Approved By _____ Date _____