

**REQUEST TO OFFER A PROGRAM OR COURSE
OUT-OF-DISTRICT**
(Rule 6H-1.017, FLDOE: http://www.flboe.org/CC/Rules/CH6H-1_FAC.asp#6H-1.017)

MIAMI DADE COLLEGE

1. Title of program or course: _____

Name of sponsoring Department and Campus: _____

Extension: _____ E-Mail: _____

2. Reason for offering the program or course out-of-district: **STUDY ABROAD** _____

3. Program Summary (*Attach course outline if available*)

4. Out-of-District **and** In-District instruction will be conducted:

<u>Places</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

5. Courses: (One credit requires at least 15 hours of classroom or other supervised instruction. Other supervised instruction is used to refer to structured instruction, with faculty present and student attendance required that is conducted by faculty or a specialist/expert to present tour site experience to students. The ratio of credit to hours of laboratory instruction and of independent field study is determined by the College. Independent field study is used here to refer to structured independent study, under the direction of faculty, at the out-of-district site.)

Ratio of credit to hours of laboratory instruction: _____

Ratio of credit to hours of independent field study: _____

The course(s) is classified under the CCICS as: _____

Prefix/No.	Title	Credits	Hours of Instruction				Total
			Classroom	Other Supervised	Lab	Independent Field Study	

6. Maximum credits for which students may register: _____ Minimum: _____

7. Maximum headcount enrollment in program of course: _____ Minimum: _____

8. Arrangements with other educational institutions or organizations: _____

9. Method of evaluating student performance: _____

10. Will students evaluate the program or course? YES NO

11. Describe instruction, instructional space, travel, and faculty arrangements:

12. Estimate the College’s direct cost for the program or course: \$ _____

13. Authorizations:

Signatures:

_____ Date _____

Department Chair

_____ Date _____

Academic Dean

CAMPUS SIGNATURE AUTHORIZING THE PROGRAM AND BOARD ITEM:

_____ Date _____

Campus President

DISTRICT OFFICE OF EDUCATION SIGNATURES OF REVIEW AND ENDORSEMENT:

_____ Date _____

Executive Director, International Education

_____ Date _____

Associate Provost, Academic Affairs

_____ Date _____

Vice Provost, Education

SIGNATURE OF FINAL REVIEW:

_____ Date _____

College Provost

14. Did the College President recommend the program or course to the Board of Trustees?

YES NO

TO BE COMPLETED BY THE COLLEGE

College Seal

Certification: The course(s) have been approved by the Board of Trustees to be offered out-of-district. The instruction shall adhere to predetermined, specified learning objectives which students shall achieve to be awarded credit. The instruction shall adhere to the out-of-district instruction guidelines of the State Board of Community Colleges.

Date of Board of Trustees Approval

Signature of President