Continuing Education Program Application

ABOUT THE PROGRAM

Date ______________

Department/Organization ________________________________________________

Type of Event: □ Program Certificate □ Course □ Conference □ Workshop □ Seminar □ Other: ________________

Program/Course Name ____________________________________________________

Program Coordinator: Name _____________________________ Phone: ________________________________

Contact Hours (1 CEU per ten [10] contact hours) ____________________________ Anticipated Enrollment: ______________

Brief Description of Program/Event: ____________________________________________

___________________________________________________________________________

Program Start Date: ______________ Program End Date: ______________ Application Deadline: ______________

Location: □ Main Campus □ Northwest Houston Center □ Off Site: ______________ □ Other: ____________________

MARKETING INFORMATION:

Web address for online features: http://______________________________

TARGETING METHODS: □ Web/RSS Feed □ Electronic (Email, listserv, etc) □ Direct Mail
□ Association/organizations □ News/Journals/Publications

TEST MARKET OPTIONS: □ Telephone □ Business advisory group □ Focus group
□ Other □ Professional (assoc/org) survey

Identified Market for this Program: __________________________________________

Benefits of Program to Target Market: _______________________________________

___________________________________________________________________________

Promotional/Marketing Materials:

□ Brochure □ Flyer □ Postcard □ Poster □ Ad □ Program/Schedule □ Banner
□ Signage □ Newsletter □ Other: ____________________________________________
INSTRUCTIONAL RESOURCES (check all that apply)

☐ Faculty/instructor (Please describe) ____________________________________________________________
☐ Special equipment/facilities ____________________________________________________________
☐ Instructional materials ____________________________________________________________
☐ Other ____________________________________________________________________________________

ANTICIPATED SUPPORT FROM OCE

LOGISTICS
☐ Facility
☐ Food
☐ Equipment
☐ Presenter
☐ Arrangements / Program set-up
☐ Handout copies / Bb Vista upload

MARKETING
☐ Develop brochure / Flyer
☐ Mailings
☐ Signage
☐ Promotion plan
☐ Web site
☐ Email

ADMINISTRATIVE
☐ Pricing
☐ Registration & Payment
☐ Instructor / Program Monitor
☐ Evaluation
☐ CEU Certificates

QUALIFICATION RATINGS

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Unclear</th>
<th>Poor</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
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<td>What are the chances of success?</td>
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<td>Strong need or requirement</td>
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<td>Good strategic fit with profession/course stream</td>
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<td>Clear benefit to student</td>
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<td>Competitive</td>
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<td>Supporting data / research</td>
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<td>Sustainable target market</td>
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<td>Ease of reaching target market</td>
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QUALIFICATION OUTCOME:

☐ There is a strong case for this program. ☐ There is not a strong case for this program.
☐ The case cannot be determined at this time.

NEXT STEP(s):
_______________________________________________________________________________
_______________________________________________________________________________

TO SUBMIT THIS FORM (hardcopy) to:

Office of Continuing Education  
Attn: Dr. Jimmy L. Adams  
PRAIRIE VIEW A&M UNIVERSITY, P.O. Box 519; MS 1100, Prairie View, Texas 77446

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