

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 Direct Mail
- Electronic (Email, listserv, etc) News/Journals/Publications
- Association/organizations

TEST MARKET OPTIONS:

- Telephone Focus group
- Business advisory group Professional (assoc/org) survey
- Other

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

Criteria	Unclear	Poor	Good	Very Good	Excellent
What are the chances of success?					
Strong need or requirement					
Good strategic fit with profession/course stream					
Clear benefit to student					
Competitive					
Supporting data / research					
Sustainable target market					
Ease of reaching target market					

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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