

Continuing Education (non-credit) Worksheet

Date _____

ABOUT THE PROGRAM

Department/Organization _____

Program/Course Name _____

Contact Hours (1CEU=10 contact hours) _____ Currently offered for credit? Yes No

Brief Description _____

Program Start Date _____ Program End Date _____ Application Deadline _____

Offered continuously: Yes No Delivery format: Face-to-face Technology-assisted Blended

If blended, please explain _____

Extension of existing program: Yes No If yes, name of program _____

PROGRAM DIRECTOR

Name _____

Phone _____

Fax _____

Email _____

PROGRAM COORDINATOR

Name _____

Phone _____

Fax _____

Email _____

MARKETING/PROMOTION

Market demand (*i.e.*, request from clients or industry leaders, skill shortage, emerging trend or need) _____

Promo Description _____

Competitive Advantage (SWOT – how this offering differs from competitors. Offered elsewhere? In what format? Similar? Different?) _____

Expected enrollment _____ Gender: M F Industry Group _____

Education (level or status) _____ Income Level _____

New or existing customers _____

Donald L. Houston Center
200 Discovery Drive Suite 101
4460 TAMU
College Station, TX 77843-4460

Tel. 979.845.6036 Fax 979.845.6407
<http://capso.tamu.edu>

Contact Person for Promotional Piece

Name _____

Phone _____

Email _____

Recommended ways to reach audience: Web/RSS Feed Direct Mail Electronic (Email, listserv, etc)
 Newspaper/Journals/Publications Association/organizations

Testing market options: Telephone Focus group Business advisory group
 Professional (assoc/org) survey Other_____

Target audience(s) to market this program_____

Three benefits to target audience_____

WEBSITE PROMOTION

Web address where program will be featured: http://_____

COLLABORATION / PARTNERS (name, dept/school/org, phone, email)

Campus departments_____

System components_____

Industry / Profession_____

RESOURCES

REVENUE

Open enrollment (est/person) \$_____

Grant \$_____

Contract \$_____

Sponsor \$_____

Other \$_____

Other \$_____

Other \$_____

Est. Total Revenue \$_____

ANTICIPATED EXPENSES (check all that apply)

Instruction \$_____

Development \$_____

Promotion \$_____

Facilities \$_____

Food \$_____

Handout Materials \$_____

Other \$_____

Est. Total Expenses \$_____

Anticipated up-front costs \$_____

Discounts to be offered? Yes No

If yes, amount:_____ Eligibility_____

INSTRUCTIONAL RESOURCES (check all that apply)

Faculty/instructor (describe)_____

Special equipment/facilities_____

Instructional materials_____

Other_____

Send payments to:

Continuing Education

Department

College

Acct#_____

Acct#_____

Acct#_____

QUALIFICATION SCORECARD

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					

- There is a strong case for this program.
- There is NOT a strong case for this program.
- A case cannot be determined for this program.

NEXT STEPS

ANTICIPATED SUPPORT FROM CONTINUING AND PROFESSIONAL STUDIES OFFICE

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

TO SUBMIT THIS FORM

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Email to: janfernandez@tamu.edu

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 ATTN: Dr. Jan Fernandez
 4460 TAMU
 College Station, TX 77843-4460