

COLORADO SCHOOL OF MINES

PLT TEACHER ENHANCEMENT COURSE APPLICATION

Application will not be processed unless it is complete and legible.

COURSE NUMBER: _____
(will be completed by the Teacher Enhancement Office)

COURSE TITLE: _____

INSTRUCTOR(S): _____ PHONE: _____

COORDINATOR: _____ PHONE: _____

CREDIT: _____ semester hour(s)*

TOTAL CONTACT HOURS: (lecture) _____ (field) _____ (lab) _____
(excluding travel time and breaks)

DATE(S) COURSE WILL BE OFFERED: _____

TIME: _____

TARGET AUDIENCE (Grade Level) _____

LOCATION: _____
(specify exact location, including street address and room number)

COURSE EXPENSES: _____
(to be added to CSM tuition cost; please explain charges)

SPECIAL REQUIREMENTS: _____
(clothing, calculator, sack lunch, etc.)

OTHER INFORMATION (if applicable): _____

COURSE ENROLLMENT: max: _____
min: _____

Attach this form to a course syllabus and send to Shawna Crocker (PLT Coordinator) who will send it to:

- Teacher Enhancement Program
- Office of Special Programs & Continuing Education
- Colorado School of Mines
- P.O. Box 4028
- Golden, CO 80401
- (303) 273-3303
- FAX (303) 273-3314 (If this form is faxed, original must follow by mail.)

***Recertification Credit; not applicable toward a CSM degree program.**

50 WORD DESCRIPTION TO BE INCLUDED IN THE CSM BROCHURE (if applicable):

All Project Learning Tree Courses approved for credit meet the following criteria (check all that apply):

1. Content and learning outcomes must be graduate-level (academic content and level of instruction are designed for K- 12 educators who have completed at least a B.S/B.A. degree).

- X -All content is presented to an audience consisting of K-12 educators
- Content includes public lectures bu open only to K-12 educators (e.g. conventions, symposia, etc)
- Content includes some/all public lectures open to all age groups and educational levels.

However, educators seeking credit will perform additional graduate-level work which may include research papers, lesson plans, journals, etc. Specify _____

2. Course Content (check all that apply)

- X -Math
- X -Science
- X -Technology
- Engineering
- X -Natural History
- Other: Reading, Writing, Social Studies

REGISTRATION INFORMATION:

_____ *Registration through Instructor:*

Name _____

Address _____

City, State, Zip _____

Phone _____

_____ *Other:*

Name _____

Address _____

City, State, Zip _____

Phone _____

APPROVED:

Dr. Gary L. Baughman

Date