



Workshop Proposal Form

Center for Academic and Professional Excellence

Sort Code: WCE120 | Office: (702) 651-5685 | Email: CAPE@csn.edu

Requestor: _____ **Date:** _____

Requestor's Email: _____ **Ext.:** _____ **Sort Code:** _____

Presenter(s): (if different or in addition to Requestor) _____

Proposed Workshop Title: (10 words or less as you would like to have it listed in the Platform)

Proposed Workshop Description: (150 words or less as you would like to have it listed in the Platform)

Learning Objectives: List 3-5 specific learning takeaways for participants in the following format:

Attendees will: 1)... 2)... 3)

Does the Presenter(s) currently have a Security Role in the CAPE Professional Development Platform?

NO YES (specify role) _____

Does the Presenter want the Facilitator's Security Role in the CAPE Platform? The Facilitator's Role requires online training and face-to-face training with CAPE, a Confidentiality and Use Agreement, approval of immediate supervisor, and then access to view workshop attendance and enroll employees into the workshop.

NO YES



Workshop Proposal Form

Center for Academic and Professional Excellence

Sort Code: WCE120 | Office: (702) 651-5685 | Email: CAPE@csn.edu

Is this proposal for an event? (Fall/Spring Convocation, Service Excellence Week, Diversity Week, Classified Development)

NO YES (specify) _____

Proposed Length of Workshop:

15 minutes 30 minutes 60 minutes 90 minutes Other (specify) _____

This workshop will be a: (mark all that apply)

Live Training: Type of Live Training: (mark all that apply) Instructor Led Demonstration

Discussion Roundtable Panel of Speakers Webinar

eLearning Course (for online delivery – Requestor to provide the content for the online class)

Type of Room/Equipment Required:

Classroom Smart Classroom Computer Lab Conference Room

Other (specify) _____

Indicate any groups that are a target audience for this workshop: (mark all that apply)

Department(s) Specific: (specify) _____

Division(s) Specific: (specify) _____

College-Wide Administration Faculty Classified

I/We would you be willing to present via video conferencing to help accommodate participants from all three main campuses: NO YES

PLEASE NOTE: CAPE and/or the voting Committee has a process for proposal approval that will be followed based on if this proposal was submitted as a stand alone proposal or submitted in response to a call for proposals for an upcoming College event. CAPE and/or the voting Committee reserve the right to make suggestions to the Requestor/Presenter about the proposal, and approve or decline the proposal. You will be notified via email if your proposal was approved or declined.

Requestor's Signature: _____ **Date:** _____

Please submit this form via email to CAPE@csn.edu. Your proposal will be reviewed by a member of the CAPE Team and/or formal event committee. You will be contacted upon receipt of your proposal and once the review is completed. Thank you for sharing your time, knowledge, and expertise, and supporting the professional development of your colleagues.