



Honors Course Proposal

Submitted by: _____ Date: _____

Title: _____

Department: _____ Phone: _____

Email: _____

Course Information

(Using the following information, we will try to match program and faculty needs as well as we can.)

1. Semester for which the course is proposed:

____ Fall 20____ ____ Spring 20____ ____ Summer 20____

2. Do you envision this course as:

____ a. An Honors section of an existing course (e.g., an Honors section of ENGL 1101)

____ b. A 1-credit special topics Honors colloquium

____ c. A 3-credit special topics Honors seminar

3. Title of proposed course (include prefix and course number if known):

4. Proposed schedule (days and time): _____

5. Special Resources (list any special arrangements required, such as a special classroom)

6. Course description (you may wish to refer to Expectations for Honors Teaching document):

a. If a special topics course, attach a brief description of the content the course will cover, proposed assignments/activities/readings, and pedagogical methods.

b. If this is an Honors section of an existing general education or departmental course, attach a brief description of how the honors section will differ from the non-honors section in terms of assignments, readings, activities or pedagogical approaches.

Departmental Approval (to be completed by Department Chair)

Name of Department Chair: _____

Phone: _____ Email: _____

In the faculty member's most recent annual review, his/her performance in the area of Teaching, Supervision and Mentoring was assessed as:

____ Exceeding expectations ____ Meeting expectations ____ Not meeting expectations

I approve of the proposed teaching assignment and understand that it must be taught in-load, and will not receive overload compensation.

Signature of Department Chair: _____ Date: _____

Signature of Applicant

- I give permission for the Honors College to contact my department chair if information about teaching effectiveness is needed.
- I understand that if selected to teach an honors course, I must share my student course evaluations for that course with the Honors College.

Signature of faculty member: _____ Date: _____

* * *

Return form to attn.

Dr. Daniel Hoffman
Program Manager
KSU Journey Honors College
Academic Learning Center,
480 Bartow Avenue, Suite 5525
Kennesaw, GA 30144

p: [470-578-4874](tel:470-578-4874)
e: dhoffma5@kennesaw.edu