



Facilitating a Program at Kent State Proposal Form

Please use this form to guide you in developing and submitting your program proposals to Kent State University. If you complete this form electronically, please e-mail the form to YourTrainingResource@kent.edu.

DATE: _____

NAME: _____

CONTACT INFORMATION:

Please include address, e-mail address and all phone numbers

BRIEF PROGRAM TITLE: _____

PROGRAM DESCRIPTION

Please include goals, objectives and benefits of the program. Please describe it as you would like to see it in a program brochure. Write in "you" terms. Kent State reserves the right to edit. (If you need additional space, attach another sheet)

EVIDENCE OF MARKET NEED OR DEMAND FOR PROGRAM

Please include information on competing programs.

INTENDED AUDIENCE:

Please describe the audience(s) who would be most interested in this program.

FORMAT (i.e. half-day program, full-day, week-long, offered over several months, etc.)

FACILITATOR BIO

Please provide a paragraph that describes your background, credentials and experience in facilitating programs for adult learners.

AT WHICH CAMPUS(ES) DO YOU PREFER TO DELIVER PROGRAMS:

- Ashtabula
- East Liverpool
- Geauga

- Kent
- Salem
- Stark

- Trumbull
- Tuscarawas