**DLM Program Complementary Course Proposal Form**

***Please send your completed response electronically to the DLM Director for approval ASAP. Note the Complementary Course Policy that indicates that you MUST have approval for this course prior to enrolling.***

**Student’s Name**

**Date**

**Official Course title (including numbers):**

**Name of institution:**

**Method of delivery (semester, online, one week intensive, etc.):**

**Start and end date:**

**Instructor’s name:**

**Course level (BA, Masters):**

**Deadline for registration:**

1. Articulate the Learning Goal or need leading to this proposal and describe briefly why you wish to propose this course. How does this course fit into your Learning Plan? Is this a new Learning Goal? Have you discussed it with your Educational Supervisor and Lay Supervision Team? If you have not had an opportunity, when you do plan to do so?
2. What are the goals/objectives/outcomes of the course and how will they address your learning goal/need?
3. What challenges, if any, do you envision in taking this course, and how will you address them? (for example, developing necessary computer skills, accessing library resources, etc.)
4. Have you confirmed that you are eligible to take this course for credit with this school? Do you have the necessary pre-requisites? Will the school be able to issue a transcript at the completion of the course?