Request for Core Funding – Course Development *(Form updated: 2021-10-05)*

**Faculty Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Anticipated Course Name & Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If an existing non-Core course, give the current name & number.

1. **What Core requirement(s) will your course fulfill?**

 Please refer to the Core IV document, which is locatedat

 *echo.lemoyne.edu/Faculty-Staff-Resources/Faculty-Senate/Core-Committee*

2. **Is the course to be co-taught with another faculty member?**

* + No
	+ Yes: Indicate the name and departmental affiliation of the other faculty member.

 **Each faculty member involved in the course development is eligible to apply for development funds, and must submit his/her own application form.**

3. **The course is (*choose one*)**:

* **A re-worked version of an existing non-Core course.**
* **A new course for inclusion in the Core.**

***A “Core Course – Proposal” form must also be submitted, for separate evaluation.***

4. **Other source(s) of funding received/sought for this course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

5. **When would you like to first offer the course?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. A condition of accepting Core funds for course development is that **you commit to offer the course at least 3 times in the next 6 years**. To the best of your ability, project when additional offerings of the course might occur.

7. Attach any relevant documentation about this course, including:

* + Description of how the course is being re-developed (if relevant).
	+ Draft syllabus for the course, and the syllabus for the non-Core version of the course (if relevant). Include a tentative reading list for the re-developed course.

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROVAL**

**Core Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**