

# Spring 2021 Convocation Workshop Proposal Form

Center for Academic and Professional Excellence

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

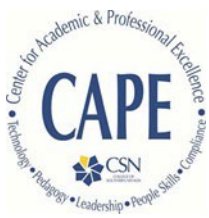
**Attendees will:** 1)... 2)... 3) (100 words or less as you would like to have it listed in the Platform)

**I understand that Convocation sessions for Spring 2021 will be presented virtually in MS Teams and agree to present in that format.**

YES  NO

**I further understand that CAPE may require attendance at a brief “best practices” training session and I agree to attend.**

YES  NO



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## Proposed Length of Workshop:

15 minutes     30 minutes     60 minutes     90 minutes    Other (specify) \_\_\_\_\_

## Which category do you see as most relevant to this session?

- Technology
- Pedagogy and Assessment
- Diversity, Equity, and Inclusion
- Academic and Student Success Support
- Personal Development and Enrichment

## 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

**PLEASE NOTE:** CAPE and/or the voting Committee has a process for proposal approval that will be followed for College events. CAPE, the voting Committee, and Senior Leadership 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](mailto: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.