

Instructions: Faculty interested in teaching in an existing learning community or in proposing a new learning community should fill out this form. Please submit approximately fourteen months in advance from the intended semester you would like to teach in the learning community and/or have it be offered.

## Learning Community Interest & Proposal Form

Faculty Name(s)	Department/Division	Contact Information

**OPTION 1:** I would like to teach in an existing Learning Community. Please answer the 3 following questions:

1. Please specify the Learning Community you'd like to teach in: \_\_\_\_\_

2. Has the faculty member ever taught in a Learning Community?

No

Yes

If yes, explain:

3. Desired Campus Location (i.e., Aptos, Watsonville): \_\_\_\_\_

➤ **Please proceed to page 2, sign, and submit this form.**

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**OPTION 2:** I would like to propose a new Learning Community. Please answer the 7 following questions:

1. Proposed Linked Courses:

2. Proposed Theme or Title of Learning Community:

3. Desired Semester/Year of Learning Community Offering:

4. Have the above listed faculty members consulted with their respective program Chairs and/or Deans about this proposed Learning Community?

No

Yes

If yes, explain:

5. Desired Campus Location (i.e., Aptos, Watsonville): \_\_\_\_\_

6. Have the above listed faculty members ever taught in a Learning Community?

No

Yes

If yes, explain:

7. Description of Learning Community: please write or attach a brief but detailed paragraph describing your proposed learning community. Be sure to address the vision, possible texts or curriculum ideas, desired goals and outcomes, and how this Learning Community would benefit students.

Please sign below and submit this and any other relevant paperwork to the Learning Community Coordinator: Victoria Bañales, English Dept., [yibanale@cabrillo.edu](mailto:yibanale@cabrillo.edu), x6112. Please note that all interested faculty must sign below for Proposals to be considered:

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Internal Purposes Only:**

Sent request to division Dean(s): \_\_\_\_\_ Dates: \_\_\_\_\_

Sent request to appropriate Chair(s): \_\_\_\_\_ Dates: \_\_\_\_\_

Received Replies: Dates: \_\_\_\_\_

\_\_\_ LC approved for the following semester/year:

\_\_\_ LC denied for the following reason(s):

\_\_\_ Insufficient Proposal \_\_\_ No Class Available \_\_\_ No Teaching Units Available

\_\_\_ No Coordination Units Available \_\_\_ Other:

Notified requesting faculty member(s) of decision Dates: \_\_\_\_\_