

Third Party Education Vendor Application

This third party vendor form is used for the submission of non-credit partnership proposals to work with UVU Community & Continuing Education. Please email the completed form to ce@uvu.edu.

Submitted by: _____
 Name/Title Date Email Phone Number/Extension

Course topic: _____ Title: _____

Instructional hours and sessions of proposed course: _____hours _____sessions

Term and year of first offering of proposed course: Fall Winter Spring Summer Year: _____

Vendor price to CCE per student or per course: \$_____ per student per course

Suggested course price (CCE calculates according to direct and indirect costs): \$_____

Minimum for course to carry: _____ Maximum number of students: _____

Material fees: \$_____

Community and Continuing Education approval: _____ Date: _____

Number of students for the past two calendar or fiscal years: _____

Annual completion rate of students for the past two calendar or fiscal years: _____

Student evaluation scores of program for the past two calendar or fiscal years: _____

Qualifications of instructor(s):

Links to videos of instructor(s) teaching: _____

Number of university partners for the past two calendar or fiscal years: _____

References of universities or continuing education programs partnering with vendor (minimum of 3 required):

1. _____
University/Continuing Ed Program Department Contact Name/Title

Email Phone Address

2. _____
University/Continuing Ed Program Department Contact Name/Title

Email Phone Address

3. _____
University/Continuing Ed Program Department Contact Name/Title

Email Phone Address

4. _____
University/Continuing Ed Program Department Contact Name/Title

Email Phone Address

5. _____
University/Continuing Ed Program Department Contact Name/Title

Email Phone Address

6. _____
University/Continuing Ed Program Department Contact Name/Title

Email Phone Address

References of businesses who have hired students upon completion (minimum of 3 required):

1. _____
Business Department Contact Name/Title

Email Phone Address

2. _____
Business Department Contact Name/Title

Email Phone Address

3. _____
Business Department Contact Name/Title

Email Phone Address

4. _____
Business Department Contact Name/Title

Email Phone Address

5. _____
Business Department Contact Name/Title

Email Phone Address

6. _____
Business Department Contact Name/Title

Email Phone Address

Community or business need this course meets:

Type of facility needed for instruction: (Standard classroom, computer lab, art room, etc.)

Course title/topic:

Course description and content: (Educational content: what will be covered, skills learned, purpose, etc.)

Course objectives: (Upon successful completion, students should be able to or should know . . .)

Instructional materials utilized in course: (Texts, handouts, computers, etc.)

Student materials needed:

Minimum instructor qualifications to teach this course: (Background check required. Instructors will be interviewed and vetted prior to hiring to determine position fit. Instructors must know instructional basics and have teaching and/or training experience.)

Course evaluation methods: