**“COURSE DESIGN INSTITUTE” (CDI) Application Form**

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| **Personal Information** | | |
| Last Name | First Name | NSID |
| College | Department | |
| **Questionnaire** | | |
| Please provide the name and description of the course that you intend to develop / redevelop as part of the Course Design Institute. Include the level of the course, how many students will likely be enrolled and whether this is a new or existing course. | | |
| How do you hope the CDI will benefit your teaching? What do you hope to take away from the CDI? | | |
| Additional comments or concerns: | | |

**Completed application forms should be emailed to:**

**Heather M. Ross**

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