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

<table>
<thead>
<tr>
<th>Faculty Name(s)</th>
<th>Department/Division</th>
<th>Contact Information</th>
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**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., vibanale@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: __________

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: __________

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