

**Association for Continuing Higher Education
Great Plains Region
March 7-8, 2019
Rose State College, Midwest City, Oklahoma**

***Exceptional Program Award
Nominations emailed or postmarked by February 15, 2019
Winners will be notified by February 20
Winners must attend the conference to receive their award***

Nominations for the Exceptional Program Award will be accepted each year and awards will be made during the ***Annual Regional Conference***. Nominations may be made for one-time or existing programs. There are three separate categories, credit, non-credit and conference. Programs must have been conducted within the previous 18 months prior to submission date.

Three major characteristics will be used to evaluate the nominated programs:

I. Originality or Innovations

Originality can emerge in many forms. In order to qualify for an award, a program must be judged original or innovative in **TWO** or more of the following areas:

- Serving a new or unique audience
- Employing a new or unique delivery system
- Marketing or promotion done in a new or unique way or using new materials
- Cooperating in a new or different way with other institutions or in consortiums
- Cooperating with an outside agency or organization in a new or different way
- Original or innovative topics, content, or program design

II. Program Success

To be judged a success, a program must meet all of the following criteria:

- Meets its goals and objectives
- Receives positive responses from audience as shown in evaluations
- Meets budget requirements as defined by goals and objectives

III. Adaptability

The program should be able to serve as a model for other schools or be adaptable to other locations

Association for Continuing Higher Education
Great Plains Region
Exceptional Program Award Nomination Form

Program Title: _____

Program Category: Circle One Only: Credit Non-credit Conference

Program Coordinator/Director(s): _____

Institution: _____

Submitted by - Name: _____ Email: _____

Location and dates of program: _____

Total Cost: \$ _____ Cost to Participant: \$ _____ Number of Participants: _____

Sources of Funding: _____

Type of Audience: _____

Description of Program:
(Attached a narrative of approximately 1000 words, suitable for reproduction. Describe specifically how the program fulfilled the criteria in Category I and comment further on Category II and III, as listed below.)

I. Originality or Innovation (check as many as apply):

- | | |
|--|--|
| <input type="checkbox"/> Audience | <input type="checkbox"/> Use of Resources |
| <input type="checkbox"/> Marketing/Promotion | <input type="checkbox"/> Cooperating with Institutions/Consortia |
| <input type="checkbox"/> Delivery System | <input type="checkbox"/> Cooperating with Outside Agencies/Organizations |
| <input type="checkbox"/> Topics/Content Design | |

II. Programmatic Success:

Degree to which stated goals and objectives were met.
Evaluation procedures/results
Budget

III. Adaptability

What concepts about this program can be adapted by colleagues at another institution?

Please attach sample promotional materials and supporting documents (i.e. evaluations summaries, budgets, or other illustrative materials).

Email nominations only. Nominations will be accepted with any attachments by February 15, 2019. Please limit collateral material to three additional pieces per nomination.

Email nomination Form and attachments **by February 15, 2019** to:

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