

COMMUNITY EDUCATION COURSE PROPOSAL/OUTLINE

COURSE TITLE: _____

TOTAL HOURS (3-30): _____ **HRS PER SESSION (avg 2-3):** _____ **# OF WEEKS:** _____

MATERIAL FEE PER STUDENT: \$ _____ **MAX. # OF STUDENTS:** _____

INSTRUCTOR:

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

DAY PHONE _____ **EVENING PHONE** _____ **E-MAIL** _____

TEACHER QUALIFICATIONS (for this course: list schools, degrees, or if hobby /personal interest, list length of time studied or otherwise involved in subject): _____

COURSE DESCRIPTION/OBJECTIVES (to be used for advertising purposes)

COURSE OUTLINE (list main topics per session):

1. _____
2. _____
3. _____

TARGET GROUP(S) (if children, specify age range): _____

(-OVER-)

TEXTBOOKS OR OTHER MATERIALS REQUIRED BY STUDENT (Note: texts are not encouraged unless vital to the course. If required, please include the complete title, author, ISBN#, edition and approximate cost.)

SPECIAL EQUIPMENT REQUIRED BY INSTRUCTOR (for example, audio/visual equipment)

AVAILABILITY

DAY	MORNING/ AFTERNOON	TIME	EVENING	TIME	OTHER*
M	<input type="checkbox"/>	_____ to _____	<input type="checkbox"/>	_____ to _____	_____
T	<input type="checkbox"/>	_____ to _____	<input type="checkbox"/>	_____ to _____	_____
W	<input type="checkbox"/>	_____ to _____	<input type="checkbox"/>	_____ to _____	_____
TH	<input type="checkbox"/>	_____ to _____	<input type="checkbox"/>	_____ to _____	_____
F	<input type="checkbox"/>	_____ to _____	<input type="checkbox"/>	_____ to _____	_____
S	<input type="checkbox"/>	_____ to _____	<input type="checkbox"/>	_____ to _____	_____
SU	<input type="checkbox"/>	_____ to _____	<input type="checkbox"/>	_____ to _____	_____

* preferred dates, dates not available, etc.

SEMESTERS AVAILABLE:

_____ Fall (Sept – Dec) _____ Spring (Jan – May) _____ Summer (June – Aug)

INSTRUCTOR'S SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:

COURSE CODE: _____

NOTES/COMMENTS: _____

Approved: _____ Continuing Education Manager Date: _____