

COURSE PROPOSAL FORM

Instructor's Name _____ Date _____

Address _____

Phone (Day) _____ (Evening) _____ (Cell) _____

Email Address _____ Fax _____

Proposed Class Title _____

Session You're Proposing to Teach: Fall ____ Spring ____ Summer ____

Brochure Description of Course (approx. 50-75 words) _____

Preferred Days and Class Times (no Friday or Saturday evenings; inquire about Sundays)

	No. of Meetings	Day(s) of Week	Time
1st Choice	_____	_____	_____
2nd Choice	_____	_____	_____
3rd Choice	_____	_____	_____

Text Required for the Course _____

Copies/Handouts Required for the Course _____

Special Classroom Requirements _____

Special Equipment Needs (e.g. TV, VCR, Computer) _____

Minimum number of students _____ Maximum number of students _____

What audience is your class designed for? _____

Special Notes _____

Please attach an instructor information sheet and a lesson plan and return this form to: