



Office Use:
Date Received:
Staff Initials:

**Community or Continuing Education
Course Proposal Form**

Contact Information:

Name:		Phone:	
Address:		Phone: (cell)	
City:	State:	Zip Code:	
Email:		Instructor Status:	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer

Course Information:

Community Education
 Continuing Education
 Name of profession/license:

Course Title:

Course Description: (Briefly describe the course content)

Outline what your students will learn:

What teaching methods will you use?

Target Audience: Who will take your class?

Number of hours per session:		Number of sessions:	
Total number of class hours:		Maximum class size:	

Special Equipment Needed:

Instructor Information:

Describe your teaching experience:

Describe your background and expertise relating to this proposed course:

Reference concerning your teaching experience: