

Adult Learning Center Course Proposal Form

Please type or print legibly

Name _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ FAX: _____ Cell: _____

Email: _____

Suggested Course Title: _____

Prerequisites: (Are there any prerequisites for the class: basic computer skills, reading ability, knowledge of certain facts?)

Course Description: (Write a short paragraph describing the course which could be used in the published course catalog.)

Materials/Handouts/Supplies: (What supplies will the students be expected to purchase? Will they be purchasing a 20-page resource book?)

Course Details:

Total classroom hours needed to cover material/objectives: _____

Day(s) of the week on which you would like to teach: _____

Number of class meetings: _____ Number of hours each meeting: _____

Course times you would prefer: _____
(Example: 8 total hours, Mondays, 4 meetings, 2 hours each, 6:00 – 8:00 p.m.)

Minimum number in the class: _____ Maximum number in the class: _____

If you have specific dates you would like to teach, please list them:

Facilities and Equipment: (Class will be scheduled in a regular academic classroom with a dry erase board unless you request otherwise.)

Course Outline: (Bulleted outline of material to be learned or objectives to be taught each class meeting. Attach an additional sheet if necessary.)

Course Format: (Explain the teaching format to be used: lecture, demonstration, practice under supervision, cooperative learning groups, etc.)

What special experience or education qualifies you to teach this course?