Class/Program Proposal Form for Instructors

(Please complete the entire form)

Basic Information

INSTRUCTOR'S NAME		DATE
BUSINESS/ORGANIZATION		
STREET ADDRESS	CITY	ZIP
PRIMARY PHONE	ADDTIONAL PHONE (OPTIONAL)	
E-MAIL ADDRESS		
WEB SITE LINK (OPTIONAL)		

PROPOSAL IS FOR WHICH QUARTER(S)?

☐ Fall (Oct.-Dec.) ☐ Winter (Jan.-Mar.) ☐ Spring (Apr.-Jun.) ☐ Summer (Jul.-Sep.)

Course Information

COURSE TITLE
DETAILED COURSE DESCRIPTION
COURSE OBJECTIVES

LEARNING OUTCOMES (WHAT WILL THE PARTICIPANT LEARN/WHAT ARE THE BENEFITS OF TAKING THIS CLASS?)

PLEASE GIVE US A SHORT DESCRIPTIONS OF YOUR PROGRAM THAT WILL APPEAR IN THE CITY'S CONNECT MAGAZINE (BE CREATIVE)

PARTICIPANTS' AGES

Scheduling, Fee, and Other Information

CLASS SESSION LENGTH (CHOOSE ONE)

☐ 4 Weeks ☐ 5 Weeks ☐ 6 Weeks ☐ 8 Weeks ☐ 10 Weeks ☐ Other: _____

CLASS WILL BE HELD (CHOOSE FROM EACH LEVEL)

☐ Once a week on: ☐ Twice a week on:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

CLASS TIME START/END

From: AM / PM - To: AM / PM

OF CLASSES

COURSE FEE

$

MINIMUM AND MAXIMUM RANGE OF STUDENTS PER CLASS

TYPE OF FACILITY NEEDED (IF ANY)

LAB FEE OR SUPPLIES FEE (OPTIONAL; NOT INCLUDED IN CLASS FEE)

ANY ADDITIONAL COSTS TO PARTICIPANTS?

☐ Yes ☐ No

IF 'YES' TO ADDITONAL COSTS, DESCRIBE IN DETAIL

Please attach copy of your resume if relevant to class/program. Also include a list of at least three references:

NAME		PHONE	
NAME		PHONE	
NAME		PHONE	