

CCC NON-CREDIT COURSE PROPOSAL

Date Submitted _____

This is a Microsoft Word fillable form. Begin typing after the colon/question mark in each cell. Cells will grow with text. Indicate multiple choice answers by highlighting or boxing your selections.

INSTRUCTOR INFORMATION		
Name:	Mailing Address:	Credentials/Qualifications:
Email:		
Cell Phone:	Home Phone:	
COURSE INFORMATION		
Proposed Title:		
Course Description:		
Have you taught this course previously? YES NO If yes, where did you teach the course?		
Who in your opinion would be most interested in this course? (Circle selections) Gender: WOMEN MEN BOTH		
Adult Age: 18-30YRS 31-45YRS 46-59YRS 60-79YRS ALL AGES School Age: ELEMENTARY MIDDLE HIGH		
Business: AGRICULTURE BANKING CONSTRUCTION EDUCATION GOVERNMENT HEALTH RETAIL TECHNOLOGY UTILITIES		
Interests: AGING ARTS CRAFTS CULINARY POLITICS FITNESS/HEALTH HERITAGE/HISTORY HUNT/FISH LITERATURE NATURE SPORTS		
Other:		
SCHEDULING INFORMATION (Circle your preferences)		
Course format: SINGLE CLASS WEEKLY CLASS __ #WEEKS	Class Period: 1HR 1.5HRS 2HRS 3HRS >3HRS	
Preferred time(s): DAYTIME EVENING EITHER BOTH	Preferred day(s): MON TUE WED THU FRI	
Preferred month(s): JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC / WINTER SPRING SUMMER FALL		
LOGISTICAL INFORMATION (Circle your preferences)		
Where would the course take place?		
What class setting would be best? THEATER CLASSROOM CONFERENCE OTHER: _____		
What technology would be required?		
Are there other/special requirements?		
What is your minimum # of students? ____ What is your maximum number # of students? ____		
What compensation do you require? \$____ per student \$____ per course		
ADDITIONAL INFORMATION ABOUT THE COURSE OR YOURSELF		
What else should we know about the course and you?		