

Course Proposal and Scheduling Request

Course Name: _____

Instructor: _____ Email: _____

Phone: _____

Course Description: (Please limit description to 4 lines or less. If you are a returning instructor and have no changes on description you may note: Same)

Handouts: _____

Book

Title: _____

Publisher: _____

Possible Source for Purchase: _____

Cost: _____

If giving students a supply list, what are the approximate fees students will be paying?

For scheduling purposes, please list your preferences. I will do my best to accommodate your request.

Number of **weeks/hours** per night/week requested for course: _____

Session: *Fall* *Mid-Fall* *Winter* *Spring* *Summer*

Room Preference: *Computer Room* *Classroom (no computers)*

Classroom preference: *Tables* *Desks* *Sink* *No preference*

What equipment will you need in your classroom, projector/computer, whiteboard, etc:

Maximum number for enrollment: _____ (for purpose of computers, chairs, desks)

Beginning/end date of class: _____

Day of Week Preferred: *Mon* *Tue* *Wed* *Thurs* *Fri*

Time of Day Preferred:

9-11 AM *11 AM – 1 PM* *1-3 PM* *3-5 PM* *4-6 PM* *5-7PM* *6-8 PM*

Please return this to Barb Gustafson via email at gustafsonb@billingschools.org or drop off in room 107.

Thank you!!