LenapeTech
Education at Work

COMMUNITY EDUCATION COURSE PROPOSAL/OUTLINE

COURSE TITLE: _____

TOTAL HRS (3-60): _____ **HRS PER SESSION (avg 2-3)** _____ **SESSIONS PER WK: (avg 1 or 2 days/wk)** _____

 # OF WEEKS: _____ **MATERIAL FEE PER STUDENT: $** _____ **MAX. # OF STUDENTS:** _____

INSTRUCTOR:
NAME _____**Expected Rate of Pay:** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

DAY PHONE _____ **EVENING PHONE** _____ **E-MAIL** _____

TEACHER QUALIFICATIONS (for this course: list schools, degrees, or if hobby /personal interest, list length of time studied or otherwise involved in subject): _____

_____

_____

COURSE DESCRIPTION/OBJECTIVES (to be used for advertising purposes)

_____

_____

_____

_____

COURSE OUTLINE (list main topics per session; syllabus required for all classes except personal enrichment):

1. _____

2. _____

3. _____

TARGET GROUP(S) (if children, specify age range): _____

_____

_____

(-OVER-)

TEXTBOOKS OR OTHER MATERIALS REQUIRED BY STUDENT (Note: texts are not encouraged unless vital to the course. If required, please include the complete title, author, ISBN#, edition and approximate cost.)

_____

_____

_____

SPECIAL EQUIPMENT REQUIRED BY INSTRUCTOR (for example, audio/visual equipment)

_____

_____

AVAILABILITY

DAY	MORNING/ AFTERNOON	TIME	EVENING	TIME	OTHER*
M	☐	_____ to _____	☐	_____ to _____	_____
T	☐	_____ to _____	☐	_____ to _____	_____
W	☐	_____ to _____	☐	_____ to _____	_____
TH	☐	_____ to _____	☐	_____ to _____	_____
F	☐	_____ to _____	☐	_____ to _____	_____

* preferred dates, dates not available, etc.

SEMESTERS AVAILABLE:

_____ Fall (Sept – Dec)   _____ Spring (Jan – May)   _____ Summer (June – Aug)

INSTRUCTOR'S SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:

COURSE CODE: _____

NOTES/COMMENTS: _____

_____

_____

_____

_____

Approved: _____ Continuing Education Manager   Date: _____