BILLINGS ACEd
ADULT & COMMUNITY EDUCATION

Course Proposal and Scheduling Request

Thank you for offering a course through *Billings Community Education*. Please fill out the information below or email a digital copy of this Doc to Community Education at communityed@billingsschools.org. If you have questions, please contact us via email or at 406-281-5010.

Instructor Contact Information

Name:

Phone Number:

Email:

Course Information

Title of Proposed Course:	
Day(s) Course Will Be Held:	
Time Course Will Be Held:	
Total Course Hours:	
Duration of Course in Weeks:	
Proposed Dates of Course:	
Proposed Course Location:	

A. Description of course:

Click here to learn tips on how to write a great description.

B. What are your qualifications for teaching this course, or what is your bio that you would like indicated on our Instructor page?

If this is a certified course, please include or send a copy of any credentials and relevant education.

C. Additional Course Information
   - What supplies, books, or prerequisites do learners need?
   - What are learning objectives?

D. What categories would you like your course listed under?

☐	Trades and Technical
☐	Life and Work Skills
☐	Hobbies
☐	Certification Courses-Medical
☐	Certification Courses-Business

(Office Use)

Approved by the Director of Adult and Community Education Person

Date

Apr 16, 2025