

**COURSE PROPOSAL –
 Continuing Education Extension**

Instructor Name:	_____		
Address:	_____ _____		
Phone:	(day)	_____	(eve) _____
E-mail address:	_____		
Signature	_____	Date	_____
<input type="checkbox"/> New Instructor	<input type="checkbox"/> New Course	(Check either box if appropriate)	

Subject of the Course: _____ **Estimated materials cost \$** _____

Suggested Course Title: _____

Preferred Course Start Date & Time: _____

PLEASE NOTE: You may submit more than one proposal and repeat the same class. (Please use a separate form for each class proposal.)

The Advisory Board will review each proposal and select those classes that best meet our mission and that offer the finest balance to the curriculum.

Office	CLASS TIME _____	MINIMUM _____	MAXIMUM _____
Use	MATERIALS FEE _____	PROGRAM # _____	

Proposal Form

COURSE LEARNING OBJECTIVES:

BRIEF COURSE DESCRIPTION

SPECIFY ROOM/ EQUIPMENT REQUIREMENTS (i.e. Science lab, art room, regular classroom, etc.)

BRIEF RESUME OF INSTRUCTOR THAT RELATES TO DEGREES OR EXPERIENCE RELATED TO THE PROPOSED COURSE:

RETURN TO: Stacy Randall
2909 Kellogg Avenue
Janesville, WI 53546
(608) 758-6565 ext. 360
stacy.randall@uwc.edu