

Main Campus Continuing Education Course Proposal

INSTRUCTOR INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

New Instructors, please attach a brief (3-5 lines) bio., including education background.

COURSE INFORMATION

Course Title: _____

Course Description--approximately 3 sentences:

Is this a revised description of a prior class? Yes ___ No ___

Age Group: 6-8yrs. 9-11yrs. 12-15 yrs. 15- 18 yrs. Adult

Day of the Week: M Tu W Th Fr Sa Su Any **Time of Day:** Morning Afternoon Evening

Total number of times the class would meet: _____ **Length of class in hours:** _____

Calendar dates you would prefer the class to begin and end: _____

Enrollment Limit: _____

OTHER INFORMATION – these questions are *very important* – please answer thoroughly.

- **Please attach a materials list. This is required so we can talk to students about supplies.** Do you want it listed that students should not purchase materials until your discussion? Yes ___ No ___
- Will there be any supply costs that KCAI will need to cover? If so please give an estimated total dollar figure or a per/person charge. _____
- Facility needs: Tables/chairs _____ (if yes, how many students per table _____)
Benches _____ Easels _____ Sink _____ Other (specify) _____
- Will you need any models? If so, for how many total classes? _____
- Please list any other special needs for your class: _____

Additional Comments: