

## Continuing Education Course Proposal - Northland

### 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.**

### 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. Adult (16+) **Length of class in hours:** \_\_\_\_\_

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

**Total number of times the class would meet:** \_\_\_\_\_

**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. 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: