

## **Course Proposal**

Please use this form if you are interested in teaching a course in the Community Education Department. Be as detailed as possible and use additional paper if necessary. Your attention to detail ensures that the Community Education Department is providing accurate information and has a complete understanding of what course you are interested in teaching. Thank you for your interest in the Ken-Ton Community Education program.

Course Title:		
Instructor(s):		
Address:		
Phone:		
Daytime	Evening	Cell
Email address:		
Course Description: (Be as de	tailed as possible)	
Prerequisites for Students: (co	ourses, knowledge, l	peginning course, etc.)
	,	
Audience: Adults	Children	
		e. seniors, Grades 3-5, Ages 14 & up, etc.)
(p		
Total instructional hours:		No. of sessions:
		(i.e. meets 1x, 8x etc.)
Time Preferred:		Day of week preferred:
(i.e. 6:30 – 8:30 pm)		
Special Needs		
(i.e. sink, AV equipment)		

Please attach to Community Education teacher application and return to our office.