

Date: _____

Community Service Community or Kids' College Class Proposal

Name of person proposing class: _____

Instructor's Name if different: _____

ADDRESS _____

HOME PHONE: _____ ALT PHONE: _____

e-mail address: _____

Title of Proposed Class: _____

Description of Class:

Best Meeting Days: _____

Best Meeting Hours: _____

Suggested Start Dates: _____

of Sessions: _____ # in class hours: _____

Minimum Number of Students: _____ Maximum Number of Students: _____

Please describe the anticipated age group or other characteristics of the people this class is designed for:

Special Room Needs:

Please list and describe any needed supplies as accurately as possible:

Please list any required Text book:

Title:

Author(s):

ISBN:

Notes & Comments:

Anticipated salary requirements: