

ADULT EDUCATION DIVISION

Providing Career and Technical Training for a Lifetime

Course Proposal Form

Course Name:			
Instructor:			
Address:			
City:	State:	Zip Code:	
Telephone:	E-mail:		
Pre-requisite(s)?			
Credits/Credentials? (We provide certif	icates of completion for all cours	ses)	
Additional Costs/Materials Needed:			
Schedule:			
Day(s) of the Week:			
Dates:			
Times:			
Total Time:			
Related Careers:			
Specific Classroom Needs (Projections	screen? Room layout? Lab requ	uirements? Other?)	
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