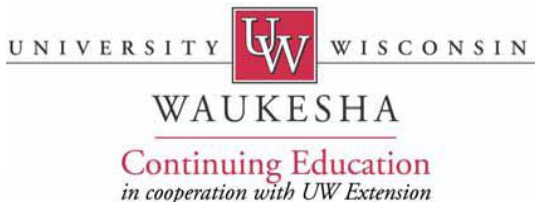


# Winter/Spring (Jan–June 2010)



# Class Proposal Form

**This form due October 1, 2009. Forms received after this date will not be accepted for Winter/Spring programs and will be forwarded to the summer semester.**

Please complete this form and return one of three ways:

- Mail: 1500 N. University Drive Waukesha, WI 53188-2799
- Email: [wakce@uwc.edu](mailto:wakce@uwc.edu)
- Fax: 262-521-5515

If you have questions, please contact Continuing Education at 262-521-5460.

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please detail your experience and qualifications, including any degrees or certifications earned, or other classes taught (you may attach a resume):

## Course Information

Please look through our current catalog at: [www.waukesha.edu/ce](http://www.waukesha.edu/ce) for ideas on length of classes, titles, etc. This will be helpful when you create your own course.

Course Title: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Day of the Week: \_\_\_\_\_ No. of Classes and Total Hrs: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Description (Please detail in 3-4 sentences): \_\_\_\_\_

Biography of Instructor: \_\_\_\_\_

Do You Have Software/AV Equipment Needs: \_\_\_\_\_ Yes \_\_\_\_\_ No

What are your Software/AV Equipment Needs: \_\_\_\_\_

Is a text book required? : \_\_\_\_\_ Yes \_\_\_\_\_ No Other Supplies: \_\_\_\_\_

If yes, Author: \_\_\_\_\_ Title: \_\_\_\_\_

ISBN # (if available): \_\_\_\_\_ Cost per copy: \_\_\_\_\_