



Course Proposal Form

Date: _____ Instructor's Name: _____

Address: _____

City / State / Zip: _____

Phone: Day _____ Evening _____ E-mail: _____

Instructor Biography _____

Suggested Course Title: _____

Course Description: Type or print clearly your description as you would like it to appear in the catalog. Include goals, topics, possible projects and class format. Write in "you" terms. Apollo Career Center reserves the right to edit.

Proposed Schedule: Mon Tue Wed Thur Fri Sat

Date: _____ Hours: from _____ to _____ am pm

Materials Fee (per person) \$ _____ Max class size _____ Min class size _____