



ADULT DIVISION COURSE PROPOSAL

Please use this form to guide you in developing course proposals & submit to the Adult Career Center, MCCTC

Name (Please print): _____ **Date:** _____

Phone Number: _____ **Email:** _____

COURSE TITLE: *Should be catchy, explanatory, and brief*

GOALS AND OBJECTIVES: *What is the main purpose of this course?*

COURSE DESCRIPTION: *In 75 words or less, please give description of the course for marketing purposes. Attach additional page if necessary. Should be descriptive and engaging to attract individuals to the course.*

NUMBER OF PARTICIPANTS: _____ **Minimum** _____ **Maximum**

PREREQUISITES: *Please list any prerequisite skills or courses needed to successfully complete this course.*

INTENDED AUDIENCE: *Please describe the audience(s) who would be most interested in this course. Suggested mailing list sources – including professional associations – would be helpful.*

OUTCOMES:

What knowledge, skills, or experience can the students expect to receive upon completing this workshop?

SYLLABUS: Please ***attach a copy of the actual course syllabus*** which will be distributed to the students. It should contain a description of the content for each session and/or day and should be written in outline form, listing complete topics to be covered, in-and-out-of-class assignments, etc.

METHOD OF EVALUATING STUDENTS: (if applicable) Please detail how student success will be determined.

INSTRUCTIONAL MATERIALS & TEXTBOOKS:

- ❖ **PHOTOCOPIES:** We can handle copying needs if the materials are received **at least two weeks prior to the course.**
- ❖ **BOOKS:** Please provide the correct title, edition, and publisher, author, and ISBN number.

SOFTWARE OR EQUIPMENT NEEDS: Please note equipment needs and specific days/dates equipment will be used.

SPECIAL FEES: Do you anticipate having a special fee? A special fee may include payment for materials used during the course for supplies, software, handouts, etc.

_____ Yes _____ No Amount Suggested: \$ _____

Attach a detailed list of estimated costs for each item to be covered by the special fee.

ASSOCIATIONS/AGENCIES FROM WHICH MARKETING SUPPORT COULD BE REQUESTED: Please provide contact person and/or website or phone number.

3RD PARTY CREDENTIAL OR LICENSURE: Are the students eligible for any 3rd party credential or licensure after completing this course? What are the requirements? Please provide the contact information for third party organization along with the name and cost of the exam and any other pertinent information.

PROPOSED DATES & TIMES: Check all that apply

Daytime hours per day _____ Evening hours per day _____ Saturday hours per day _____

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

Total Course Hours _____

PREFERRED LOCATION:

___ Classroom

___ Computer Lab

___ Conference Room

INSTRUCTOR BIO:

Please attach a profile, up to 75-words, for possible use in web site marketing. Include teaching experience, education, credentials, certifications, specialized training and/or skills, teaching philosophy, related hobbies.

Attach any additional information you think will be helpful.