



1502 E Lauridsen Blvd., Port Angeles, WA 98362

Community Education

COURSE PROPOSAL

Winter Spring Summer Fall

Please fill out completely.

Instructor Information

Instructor Name: _____

Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____ Web Address: _____

May students contact you with questions regarding your class? No Yes

If yes, how should they contact you? _____

Are you currently an employee of Peninsula College? No Yes

Course Information

Proposed Course Title: (less than 25 characters)

Is this course New or Pre-existing

Have you taught this course before? Yes No

If yes, when and for whom? _____

Course fee? \$ _____ Materials fee? \$ _____

What will the materials fee cover _____

(A copy or sample of your materials must be provided to our office). Attach copy to your proposal.

Do you require a special type of classroom or equipment? No Yes

Explain (e.g., shop area, large tables, internet access, overhead projector) _____

Class size limits: Minimum _____ Maximum _____

Day(s) of the week: Mon Tues Wed Thurs Friday Sat Sun

Total number of sessions _____

Proposed start time: _____ AM PM End time: _____ AM PM

Proposed start date _____ End date _____

Location

- Port Angeles campus
- Off campus
- Port Hadlock – Jefferson Education Center
- Sequim Old Dungeness School
- Port Townsend at Fort Worden
- Forks Branch Office
- Other _____

Brochure description of course (50-60 words, see information sheet). *This is how your description will appear in our schedule, although it is subject to editing by Community College staff.*

What audience is this class designed for? (e.g. age group, professional, seniors, etc.) _____

How will you market to this audience? _____

Proposed syllabus (See sample provided) _____

Instructor Biography as it relates to this course (no more than 5 sentences). _____

Please return completed form along with your syllabus and resume to:
 Peninsula College, Community Education, 1502 E Lauridsen Blvd., Port Angeles, WA 98363. For
 questions, call us at (360) 417-6230

<i>For internal use only</i>								
<i>Reviewed by CE Staff</i>	<i>Date</i>	<i>Accepted</i>	<i>Not- Accepted</i>	<i>Instructor Contacted</i>	<i>If Accepted, Confirmed w/Instructor</i>	<i>Clock Hours</i>	<i>Adult Special Interest</i>	<i>Community Support?</i>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>