

Continuing Education Course Proposal

Due Dates: Fall Courses May 1st and Spring Courses August 1st

Instructor Name: _____ Email _____

Complete Home Address _____

Day Phone _____ Eve _____ Cell _____

PROPOSED COURSE INFORMATION

Suggested Course Title: _____ Max # of registrants: _____

Prof. Day/Week: _____ Time: _____ Dates: _____ Total # Hrs. _____

Additional material fees/books/other expenses we should consider when setting course fee: _____

Course Objectives and Outline

Identify primary objective and content that will be covered in your class.

Why do you feel there is a need for this course? _____

How will you help to promote registration for your course? _____

Course Description

This will be used for the catalog. Format that works well is 2 – 3 sentences and/or 3 – 5 bullet points.

Special room arrangement, supplies, copies requested: _____

Return form to:

Office of Continuing Education
Suzanne Lawrence, UW-Manitowoc
705 Viebahn St.
Manitowoc, WI 54220
suzanne.lawrence@uwc.edu
920-683-4702

Audio Visual Request:

- Overhead Projector
- PowerPoint
- VCR
- CD Player
- DVD Player
- White Board/Markers
- Other _____