

## Continuing Education Course Proposal

**Due Dates: Fall Courses May 1<sup>st</sup> and Spring Courses August 1<sup>st</sup>**

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.

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

How will you help to promote registration for your course? \_\_\_\_\_

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### Course Description

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

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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 \_\_\_\_\_