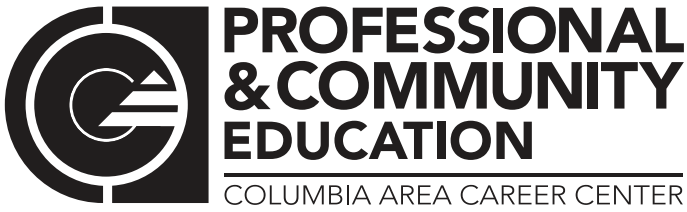


Columbia Area Career Center
 Professional & Community Education
 4203 South Providence Road
 Columbia, MO 65203
 573-214-3803
www.career-center.org/pce

New Course Proposal Form

Date of Proposal:

APPLICANT INFORMATION					
Name:				SSN:	
Current address:					
City:		State:		ZIP Code:	
Email Address:					
Home Phone:		Work Phone:		Cell Phone:	
COURSE INFORMATION					
Title of Course:					
Have you taught this course before?				Where?	
Contact Hours:		Number of Sessions:		Duration (in weeks):	
Please provide up to three possible start and end dates below:				<input type="checkbox"/> I'm flexible; please choose a date for me	
1. Start Date:		Day:	End Date:	Day:	Start Time: End Time:
2. Start Date:		Day:	End Date:	Day:	Start Time: End Time:
3. Start Date:		Day:	End Date:	Day:	Start Time: End Time:
Maximum Number of Students:			Minimum Number of Students:		
Please check the appropriate box for course materials:				<input type="checkbox"/> Handouts (Please include a copy)	
<input type="checkbox"/> Book	Title:		Author:		Cost: \$
<input type="checkbox"/> Supplies	Cost Per Student: \$		Please provide receipts for all supplies. Columbia Public Schools will not pay for sales tax.		
Please provide a list of all supplies needed below:					



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Multimedia and Classroom Needs: Check all that apply:

<input type="checkbox"/> TV/DVD	<input type="checkbox"/> Projector	<input type="checkbox"/> "SmartBoard"	<input type="checkbox"/> Data Projector	<input type="checkbox"/> Laptop	<input type="checkbox"/> Other
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If Other Please Explain:

Course Description to be used in brochure and online (maximum 40 words):

Describe the skills, abilities and knowledge the student will gain by taking this class:

Please provide an outline describing the learning activities for each class session.

Session 1:

Session 2:

Session 3:

Session 4:

Session 5:

Session 6:

Session 7:

Session 8:



PROFESSIONAL & COMMUNITY EDUCATION

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Please provide a brief instructor biography describing your educational background, training, talents, and/or years of practicing in your area of expertise that qualifies you to teach this course.
*If you supply us with a photo we may use it in the brochure and highlight you and your class.

I authorize Columbia Area Career Center to verify this information and to keep this on file for possible future employment. By filling in the signature line electronically you are authorizing your signature.

Signature of applicant:	Date:
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