Course Proposal Form

LEARNING CONNECTION, Inc.
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date: _____

course title: _____

instructor's name: _____

social security #: _____

address: _____

city / state / zip: _____

phone: day / _____ eve / _____
Please circle the number that can be given to students.

fax: _____

e-mail: _____

Course Description

Type or print clearly your description as you would like it to appear in the catalog. Include goals, topics, possible projects and class format. Write in "you" tense. LC reserves right to edit.

95 WORD LIMIT / TOTAL

_____
_____
_____
_____
_____
_____
_____
_____

Teacher Biography

_____
_____
_____

- **Proposed Schedule** ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat
  DATE: _____ HOURS: from _____ to _____ ☐ am ☐ pm MEET FOR: _____ weeks
- **Location** (your own) _____ or, ☐ LC to find space
- **Materials Fee** (per person) _____ **MAX. Class Size** _____ **MIN. Class Size** _____

LC STAFF USE ONLY

Course # _____ **Course Fee** _____ **Honorarium** _____