



Instructor _____

Date _____

Home Phone _____

Work Phone _____

E-mail address _____

The following information will be reviewed, discussed, possibly modified, and approved by Non-Credit Programs. You may review final course information before it is printed in the course catalog.

Suggested Course Name _____

Description _____

Semester (please check): Spring Fall

Class Materials/Equipment Required by Participants _____

Please specify type of classroom needed _____

Special Room and Equipment Requirements _____

Preferred Start Date _____ Preferred End Date _____

Preferred Start Time _____ Preferred End Time _____

Days(s) class will meet: Mon. Tues. Weds. Thurs. Fri. Sat. Sun.

Length of Course _____ weeks Total number of sessions _____

Age of participants _____ Other Requirements _____

Minimum Enrollment _____ Maximum Enrollment _____

The following information will be completed by the Non-Credit Office

Instructor Salary _____

Location _____

Room _____

Confirmed Dates/Time _____