

PREFERRED LOCATION:

## Merced College Community Education Instructor Proposal Form

Suggested for: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer PROPOSED TITLE: INSTRUCTOR(S) NAME: STREET ADDRESS: CITY: ZIP: STATE: **HOME PHONE: CELL PHONE:** WORK PHONE: FAX #: **EMAIL ADDRESS:** INSTRUCTOR BIOGRAPHY/QUALIFICATIONS: **HOURS** (proposed) Hrs per session: \_\_\_\_\_ No. of sessions: \_\_\_\_ Total hrs: \_\_\_\_ Meeting time: From \_\_\_\_\_ to \_\_\_\_ AM PM Day(s) of week: \_\_ S \_\_ M \_\_ T \_\_ W \_\_ Th \_\_ F \_\_ Sa **DESCRIPTION** (as it would appear in the catalog) Maximum #: \_\_\_\_\_ Minimum #: \_\_\_\_\_ NUMBER OF STUDENTS After participating in this offering, students will be able to... **EXPECTED** OUTCOMES/OBJECTIVES FOR STUDENTS: (i.e. make a stain glass window, demonstrate the basic skills of baby sitting, play an 18 hole golf course, etc.)

\_\_\_\_ Merced \_\_\_\_ Other: \_\_\_\_\_

OUTLINE:  List activities, what will be covered, method of instruction (lecture, demo, field trip, guest presenters, activities, etc.).	Session 1:
	Session 2:
	Session 3:
	Session 4:
	Session 5:
	Session 6:
	Session 7:
	Session 8:
DUPLICATION REQUIRED:	Yes No If yes, how many sheets per students?
MATERIAL FEE?	Yes No
STUDENTS REQUIREMENT(S)	Will students need to purchase books/supplies? Yes No
	If yes, please list and give estimate of cost and where supplies may be purchased \$
OUTSIDE REQUIREMENT(S) (if	
any)	
HAVE YOU TAUGHT THIS OFFERING	BEFORE? Yes No If so, where?
WHAT WILL YOU DO TO MARKET YOUR OFFERING?	
(we are willing to create a flyer for you to distribute – please	
indicate if interested)	

Thank you for your interest in the Merced College Community Education program. We truly appreciate your time and consideration. If we decide the proposal does not meet our current needs, then you will receive a notice by email. Fall classes begin September and end mid-December. Spring classes begin in January and continue through June.

## **Contact Information:**

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