



Community Education Course Proposal Form

First Name:		Last Name:			
Address:		City:		State:	Zip:
Phone Numbers:	<i>Home</i>		<i>Work</i>		
	<i>Fax</i>		<i>Other</i>		
Email Address:					
Web Address (if any):					

PERMISSION TO RELEASE CONTACT INFORMATION

- Permission to release home telephone number** to students and/or potential students.
- Permission to release business number** to students and/or potential students.
- Permission to create link** on community education web page on FRC website with link to your email address.

Class/Program Title:

Class/Program Description: (Please write a short descriptive paragraph about your class including course content, background or skills needed. This information will be used to develop a flyer to promote the class.)

Instructional Method(s): **lecture** **lab** **field** **on-line** **blended**

Please describe Instructional Method:

Class/Program Specifics

Start date: _____	End date: _____
Number of class meetings: _____	Day(s) of week: _____
Length of class meetings: _____	Time of day: _____
Minimum # of students: _____	Maximum # of students: _____
Course Fee: _____	Supply Fee: _____

Location

<input type="checkbox"/> FRC Campus Room:	<input type="checkbox"/> Field Where:	<input type="checkbox"/> Other Where:
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Class Requirements

<u>Equipment Requirements</u>	<u>Media Requirements</u>
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Supply Needs:

- Supplies will be provided by instructor and included in course fee.
- Supply list will be provided at registration and students must purchase their own supplies. (Please attach a supply list with estimated costs.)
- Supplies will be provided by instructor, fees collected first day of class.

Instructor/Presenter Background Information: *(you may attach a resume if desired)*

- 1. Please describe your experience as it relates to your class/program proposal:**

2. Describe any other related skills and/or education:

3. Describe your experience in working with the public (include paid and volunteer experience):

Please Provide Two to Three References:

Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:

RETURN COMPLETED PROPOSAL TO: Feather River College, Office of Student Services,
570 Golden Eagle Avenue, Quincy CA 95971; (530)283-0202 ext. 273 or 317