TEACHING PROPOSAL FORM

Date: ________________________________  Name: ________________________________
Address: ______________________________________________________________________
City/State/Zip: __________________________________________________________________
Contact: Day Phone: __________ Evening Phone: __________ Email: ________________

Instructor Biography:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Propose Course Title: _____________________________________________________________
Course Description: Please provide a 2-4 sentence class description. Write in “you” term. Then list 4-6
learning objectives. Learning objectives can be written in the form "In this class, participants will ...."
(Normandale Continuing Education and Customized Training reserves the right to edit.)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Start Date ________________  Hours: _____________  □ Day  □ Evening  □ Flexible
Materials Fee (per student) $___________  Max class size___________  Min class
size____________________

This form can be faxed to us at 952-358-8240, or emailed to ncal@normandale.edu.
Please feel free to add in additional page(s) if you need more space.