

# normandale



**continuing education**  
customized training

## TEACHING PROPOSAL FORM

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: Day Phone \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Instructor Biography:

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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.)*

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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](mailto:ncal@normandale.edu).

*Please feel free to add in additional page(s) if you need more space.*