

National Park College
Non-Credit/ Continuing Education/Workforce
Course Proposal

Instructor Name	Date
Address	
Phone	Email
Course Title	Number of Sessions _____ Hours per Session _____ Total Hours of Course _____
Course Description	
Proposed Dates/Times (please list at least 2 options)	
Classroom Type Needed: _____ Computer Lab (20 attendees) _____ Art Room (15 attendees) _____ Standard Classroom (30 attendees) _____ Gym/Yoga (pre-approval required) _____ Auditorium (60 – 200 attendees) _____ Other (Specify _____)	
Equipment Needs: _____ Computer _____ Projector _____ Whiteboard _____ TV/DVD	
Textbook/Materials/Supply List	
Instructor Signature	Date
For Official Use Only: Teach Back Date (if required) _____ Approved _____ Added to Schedule _____ (semester/year)	