**National Park College**

**Non-Credit/ Continuing Education/Workforce**

**Course Proposal**

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| **Instructor Name** | | **Date** | |
| **Address** | | | |
| **Phone** | **Email** | | |
| **Course Title** | | **Number of Sessions\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Hours per Session\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Total Hours of Course\_\_\_\_\_\_\_\_\_\_\_** | |
| **Course Description** | | | |
| **Proposed Dates/Times** | | | |
| **Classroom Type Needed:**  **\_\_\_\_\_\_Computer Lab (20 attendees) \_\_\_\_\_\_Art Room (15 attendees)**  **\_\_\_\_\_\_Standard Classroom (30 attendees) \_\_\_\_\_\_Gymnasium (pre-approval required)**  **\_\_\_\_\_\_Auditorium (60 – 200 attendees) \_\_\_\_\_\_Yoga Room (10 – 15 attendees)** | | | |
| **Equipment Needs: \_\_\_\_Computer \_\_\_\_Projector \_\_\_Whiteboard \_\_\_TV/DVD** | | | |
| **Textbook/Materials/Supply List** | | | |
| **Instructor Signature** | | | **Date** |
| **For Official Use Only:**  **Reviewed by\_\_\_\_\_\_\_\_\_\_ Teach Back Date\_\_\_\_\_\_\_\_\_\_ Director Approval\_\_\_\_\_\_\_\_\_\_**  **Added to Schedule \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(semester/year)** | | | |