

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	
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)	