Ohio University Proctorville Center
Community Education Course/Workshop Proposal

Complete the fields below:

Name
Last: First:

Address

City State Zip

Telephone Number
Daytime: Evening:

E-mail Address

Course Title

Course Description

What is the main learning point of the course?

Class Size (Class will be cancelled if the minimum enrollment is not met one week prior to the class)
Maximum: Minimum:
Number of sessions Length of each session

Proposed time
Begin: End:

Days of the week preferred (check all that apply)

Room requirements

Indicate any audio/visual equipment required

Indicate any materials, books, or supplies required for the course

Attach a description of your experiences/qualifications for teaching the course.

For Office Use Only

Approved _____ Denied _____

NOTES:

Coordinator of Community Education Date

Return this completed form to:
Evelyn Capper
Ohio University Proctorville Center
111 Private Drive 516
Proctorville, OH 45669
capper@ohio.edu