Continuing Education Course Proposal

Instructor Name: ___________________________ Email ___________________________

Address ___________________________ City ___________________________ State ______ Zip ______

Home Phone ___________________________ Cell ___________________________ Work ___________________________

PROPOSED COURSE INFORMATION

Suggested Course Title: ___________________________ Max # of registrants: __________

Pref. Day/Week: _____________ Time: ______ Dates: _____________ Total # Hrs. __________

Additional material fees/books/other expenses we should consider when setting course fee: __________________

Course Objectives and Outline

Identify primary objective(s) and content to be covered in your session(s).

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Course Description

This will be used for the catalog. Format that works well is 4-5 sentences explaining the importance of the content and a narrative overview of the content and/or activities included.

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Special room arrangement, supplies, copies requested: __________

_____________________________________________________________________________

Audio Visual Request:

☐ Flip Chart
☐ Overhead Projector
☐ PowerPoint
☐ VCR
☐ CD Player
☐ DVD Player
☐ White Board/Markers
☐ Other __________

Return form to:
Office of Continuing Education
UW-Marshfield/Wood County
Attn: Virginia Jorstad
2000 W 5th Street
Marshfield, WI 54449
715-389-6540
virginia.jorstad@uwc.edu

Thanks for your support of UW-Marshfield/Wood County Continuing Education