Continuing Education Course Proposal

Instructor Name: ___________________________  Email ___________________________

Complete Home Address ___________________________

Day Phone ___________________________  Eve ___________________________  Cell ___________________________

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 and content that will be covered in your class.

________________________________________________________________________________________

________________________________________________________________________________________

Why do you feel there is a need for this course?

________________________________________________________________________________________

________________________________________________________________________________________

How will you help to promote registration for your course?

________________________________________________________________________________________

________________________________________________________________________________________

Course Description

This will be used for the catalog. Format that works well is 2 – 3 sentences and/or 3 – 5 bullet points.

________________________________________________________________________________________

________________________________________________________________________________________

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
2000 W 5th St
Marshfield, WI  54449
715-389-6520
msfce@uwc.edu