CONTINUING EDUCATION COURSE CONCEPT

Return completed form to the Continuing Education Office
Workforce Development Center Suite 2400
1500 W. Raab Road - Normal, IL 61761

Date___________________ Instructor____________________________________
Address________________________________________ City/State/Zip________________
Phone (work)___________ (home)_____________ E-mail__________________________
Proposed Course Title _______________________________________________________
Describe the topics/skills that will be covered in your course.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Upon completion of the course, what will someone know, understand, or be able to do?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

In just 40-60 words, how would you describe your course to entice someone to enroll?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Describe where/how might we connect with people/groups who would have an interest in this topic and how you can help us reach potential students through your personal/professional networks.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Total hours of instruction________# Class Sessions________# Hours per session____________________
Days and times able to teach______________________________________________________________
Maximum # students per class_________
Textbook (Title, ISBN, price)______________________________________________________________
Audio-visual needs______________________________________________________________
Other expenses for instructor or students____________________________________________________