



UNIVERSITY OF WISCONSIN

Richland

A Campus of the University of Wisconsin Colleges

Continuing Education Course Proposal

Due Dates: Fall Courses May 1st and Spring Courses August 1st

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: _____

Return form to:

Office of Continuing Education
UW-Richland
1200 Hwy 14 West
Richland Center, WI 53581
608-647-6186 x 227
rlnce@uwc.edu

Audio Visual Request:

- Flip Chart
- Overhead Projector
- PowerPoint
- VCR
- CD Player
- DVD Player
- White Board/Markers
- Other _____