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: ________________

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