KLAMATH Community College
Workforce & Community Education

541.880.2243 ce@klamathcc.edu

CLASS/TRAINING PROPOSAL

Thank you for your interest in KCC's Community Education program. Our goal is to offer the community various opportunities for quality educational and lifelong learning experiences.

We will use this form to determine the viability of a proposed course. Please answer all questions. The more information we have about your course, the better we will be able to determine its feasibility as a KCC Community Education course. If your proposal is considered, we will contact you to set up an in-person meeting.

Last Name:_____ First:_____ MI: _____

Address:_____ City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

Business Name (if applicable):_____ Bus. Phone:_____

Instructor Biography

Minimum Requirements to Teach – Check Applicable Boxes

☐ College Degree ☐ 2 Years Work Experience ☐ 2 Years as Hobbyist ☐ Credential/Certificate ☐ Other (attach statement)

Qualifications related to this course:

Suggested Class Title: _____

Total Class Hours:_____ Maximum Class Size:_____ Minimum Age Requirement:_____

List your preferred dates and times that you would like to teach this class.

Start Date	End Date	Days of the Week	Class Start Time	Class Finish Time
		☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat	_____ ☐ AM ☐ PM	_____ ☐ AM ☐ PM

Classroom Type: ☐ Regular Classroom ☐ Computer Lab

Required Books (if any)

Book Title:	*ISBN-13*
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Course Description:

Please write a brief description of the course you will be teaching:

Student Learning Outcome:

By the end of this class, participants will know how to:

Who is the target audience for this class? Describe this in as much detail as possible. If you cannot identify the target audience, chances are we will not be able to fill (thus offer) the class.

Target Audience:

Teaching Methods: