

normandale



continuing education
customized training

TEACHING PROPOSAL FORM

Date: _____ Instructor Name: _____

Address: _____

City/State/Zip: _____

Contact: Day Phone _____ Evening Phone: _____ Email: _____

Instructor Biography: _____

Propose Course Title: _____

Course Description: Type or print clearly course description as you would like it to appear in the catalog. Include goals, topics, course outline, learning objectives, possible projects and class format. Write in "you" term. Normandale Continuing Education and Customized Training reserves the right to edit.

Proposed Schedule: Sun Mon Tue Wed Thur Fri Sat

Start Date _____ Hours: _____ am pm flexible

Materials Fee (per student) \$ _____ Max class size _____ Min class size _____

This form could be faxed to us at 952-358-8240, or email: ncal@normandale.edu. Please feel free to add in additional page(s) if you need more space.