

normandale



continuing education
customized training

TEACHING PROPOSAL FORM

Date: _____ Name: _____
Address: _____
City/State/Zip: _____
Contact: DayPhone _____ EveningPhone: _____ Email: _____
Instructor Biography: _____

Propose Course Title: _____

Course Description: Please provide a 2-4 sentence class description. Write in "you" term. Then list 4-6 learning objectives. Learning objectives can be written in the form "In this class, participants will"

(Normandale Continuing Education and Customized Training reserves the right to edit.)

Start Date _____ Hours: _____ Day Evening Flexible
Materials Fee (per student) \$ _____ Max class size _____ Min class
size _____

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