

CENTER FOR CONTINUING ADULT LEARNING (CCAL)

31 Maple Street, PO Box 546, Oneonta, NY 13820

Office Hours: Tuesday, Wednesday, and Thursday, 12:30 to 4:30 pm

Phone: 607-441-7370 Fax: 607-436-9682 Email: ccaloneonta@stny.rr.com

COURSE PROPOSAL WITH PREFERRED SCHEDULING INFORMATION

Check one: () Winter/Spring: January through May, 20__

() Summer/Fall: June through November, 20__

Name: _____ Today's date: _____

Address: _____ Phone #: (day) _____

City/Town and Zip code: _____ (eve) _____

Email address: _____

Title of Proposed Course: _____

Course Objectives (3 sentences or less): _____

Course Description (6 sentences or less) _____

Special room or equipment needed: _____

Please list any cost to students for supplies, books, etc. _____

Months, Days and Hours preferred (please list up to 3 choices)

(1) _____

(2) _____

(3) _____

Class size preferred: Minimum _____ Maximum _____

of Class Sessions _____ # of Hours per session _____

Limited photocopying is available to you.
Requests must be submitted to the CCAL office **AT**
LEAST 2 weeks PRIOR to the first class session.

How much time, prior to the first class, would you allow enrollment to reach the minimum number of students before canceling class? _____

FACILITATOR BIOGRAPHY: Please use the back of this sheet to write a brief (6 sentences maximum) biography as you would like it to appear in written releases.

Please return this form by ____ July 15 for Winter/Spring ____ January 15 for Summer/Fall

To _____ Curriculum Committee

Address _____

Town/Zip Code _____ Phone: _____

(Completed form may also be emailed or faxed to the CCAL Office)