



TEACHING PROPOSAL FORM

Corporate and Continuing Education Centre
ph. 403.320.3288 • Fax: 1.888.435.4827
3000 College Drive South • Lethbridge, AB T1K 1L6

Date: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Day/ \_\_\_\_\_ Evening/ \_\_\_\_\_

Email: \_\_\_\_\_

Instructor Biography: (Tell us about yourself. What qualifies you to instruct this class? Experience facilitating or instructing?)

Four horizontal lines for writing the instructor biography.

Course Title: \_\_\_\_\_

Course Description: (Clearly outline your description as you would like it to appear in the catalogue. Include goals, topics, possible projects and class format. Write in "you" terms. Lethbridge College reserves the right to edit)

Four horizontal lines for writing the course description.

Target Audience: (Who will benefit most from this class? Be as specific as you can.)

Two horizontal lines for writing the target audience.

Proposed Schedule: [ ] Mon [ ] Tue [ ] Wed [ ] Thu [ ] Fri [ ] Sat [ ] Sun

Hours: from \_\_\_\_\_ [ ] am [ ] pm to \_\_\_\_\_ [ ] am [ ] pm

Number of weeks held: \_\_\_\_\_ Estimated Delivery Hours: \_\_\_\_\_

Materials Fee (per person) \$ \_\_\_\_\_ Max class size: \_\_\_\_\_ Min class size: \_\_\_\_\_

Delivery Format: [ ] Classroom [ ] Online [ ] Other (eg. Webinar) \_\_\_\_\_

For CCE Internal Use Only
Reviewed by: \_\_\_\_\_ Reviewed Date: \_\_\_\_\_

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The personal information on this form is collected and protected under the authority of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act. Your information will be used to facilitate your registration in a non-credit offering, to contact you about Lethbridge College programs and services in the future, and for uses consistent with these purposes. Please direct questions to the Assistant Registrar, Records and Systems, Lethbridge College, 3000 College Drive South, Lethbridge, AB T1K 1L6, (403) 394-7371.