

**Adventures in Learning**

**Course Proposal Form**

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| **Proposed Course Title:** | Click or tap here to enter text. |
| **Study Leader’s Name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Telephone:** | Click or tap here to enter text. |
| **Email address:** | Click or tap here to enter text. |
| **Term/Year to be offered:** | Click or tap here to enter text. | **Number of Weeks** | Click or tap here to enter text. |

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| **Scheduling information: Please list any days and times (am/pm) which you cannot lead a course:** |
| Click or tap here to enter text. |

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| **How will this course be offered?** | [ ]  **IN PERSON** [ ]  **VIA ZOOM** |
| Click or tap here to enter text. |

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| **Max. # of course participants** | Click or tap here to enter text. | **Min. # of course participants** | Click or tap here to enter text. |

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| **Course Description** |
| Click or tap here to enter text. |

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| **Study Leader Biography (100-150 words)** |
| Click or tap here to enter text. |

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| **Will a textbook be used in your course?**  | [ ]  **REQUIRED**[ ]  **RECOMMENDED**[ ]  **NO** |
| If required or recommended, please provide the title, author, and ISBN below. Click or tap here to enter text. |

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| **Will you need course materials prepared by the office?**  | [ ]  **YES** [ ]  **NO** |
| If yes, please describe briefly.Click or tap here to enter text. |

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| **Will you need technology assistance?**  | [ ]  **YES** [ ]  **NO** |
| If yes, please describe briefly, along with any other technology needs.Click or tap here to enter text. |

**---------------------------------------------------------------------------------------------------------------For Office Use Only**

Contact Person:

Photo on File?