



Adult and Community Education

School District of the City of St. Charles

Your Link to Lifelong Learning

NEW COURSE Proposal Form

Please complete and return:

E-mail: info@stcharlesae.org / Fax: 636-443-4044 / mail to: 2400 Zumbuhl Road, St. Charles, MO 63301

Date of proposal:		Check the Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			
Name:			Home Phone:		
Email Address:			Work Phone:		
Mailing Address:			Cell Phone:		
City:		State:		Zip:	
Publish contact information for student use?		<input type="checkbox"/> Email	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Both <input type="checkbox"/> None
TITLE OF COURSE:					
Number of times you would like to offer the course:					
Contact Hours:		Number of Sessions:		Duration (in weeks):	
Provide up to three possible start and end dates:					
<input type="checkbox"/> I'm flexible; please choose a date for me.					
1	Start Date:	Day:	End Date:	Day:	Start Time: End Time:
2	Start Date:	Day:	End Date:	Day:	Start Time: End Time:
3	Start Date:	Day:	End Date:	Day:	Start Time: End Time:
Maximum Number of Students:			Target Audience: (check all that apply)		
			<input type="checkbox"/> Adults	<input type="checkbox"/> 55 and Older	<input type="checkbox"/> Pre-school
			<input type="checkbox"/> Elementary	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School
Please check the appropriate box for course materials and provide the requested information for each.					
<input type="checkbox"/> Book	Title:		Author:		Cost: \$
<input type="checkbox"/> Handouts (Please include a copy of handouts with this proposal)					
<input type="checkbox"/> Supplies	Cost/Student: \$		Please provide a list of all supplies needed below: (Attach an additional sheet if needed).		
Multimedia and Classroom Needs: Check all that apply:					
<input type="checkbox"/> TV/DVD <input type="checkbox"/> Overhead Projector <input type="checkbox"/> "Smart Board" <input type="checkbox"/> Data Projector <input type="checkbox"/> Laptop <input type="checkbox"/> Other (please explain)					
Other: classroom setup:					
Course Description to be used in brochure and online (maximum 40 words):					

Describe the skills, abilities and knowledge the student will gain by taking this class:

Please provide an outline describing the learning activities for each class session. (Attach an additional sheet if needed.)

Session 1:

Session 2:

Session 3:

Session 4:

Session 5:

Session 6:

Session 7:

Session 8:

Please provide a brief instructor biography describing your educational background, training, talents and/or years of practicing in your area of expertise that qualifies you to teach this course. This is required as an instructor. (Attach an additional sheet if needed.)

Are you currently teaching this course in the St. Charles area? Yes No

If yes, where?

**For more information, contact:
Stephanie Tolen, Supervisor
636-443-4018**