

SOUTH SEATTLE COLLEGE
Continuing Education Department

Course Proposal

Course Title: _____

Course Description: _____
(60 words or less)

PLEASE ATTACH A TOPICAL OUTLINE OF THE COURSE (WHAT IS GOING TO BE TAUGHT)

Meeting Frequency (e.g. weekly): _____

Total Number of Meetings: _____

Meeting on: (please circle) M T W Th F Sat

Length of Each Class (e.g. 2 hours): _____

Any material(s) _____ Yes _____ No If yes, Materials Fee: \$ _____

Class Size: Minimum: _____ Maximum: _____

Text: Required _____ Recommended _____

Name of Text: _____ Author: _____

Any Required materials for students to purchase?, If Yes, what? _____

Instructional Materials Needed (e.g., Audio/Video, etc) _____

Class Offered before: ___ Yes ___ No If yes, where/when: _____

Class being offered elsewhere: ___ Yes ___ No If yes, where/when: _____

Proposal Developed by: Name: _____ Day Phone: _____

Address: _____

Evening Phone: _____ Email: _____

Target Audience for this class: _____

Proposed fee for the class: _____ Desired Compensation: _____

RETURN TO: **Continuing Education**
South Seattle Community College
6000-16th Avenue SW
Seattle, WA 98106