

TODAY'S DATE

PROPOSED TITLE

COURSE DESCRIPTION (BRIEF; LESS THAN 40 WORDS)

INSTRUCTOR NAME

SS#

ADDRESS

CITY

STATE

ZIP

DAY TELEPHONE

ALTERNATE TELEPHONE

EMAIL

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR EXPERIENCE AND/OR BACKGROUND RELATED TO INSTRUCTING THIS COURSE.

**PROPOSED START DATE
INCLUSIVE DATES**

END DATE

DAY(S) OF THE WEEK

MON TUE WED THUR FRI SAT SUN

TOTAL NUMBER OF SESSIONS

PROPOSED START TIME

AM PM **END TIME**

AM PM

NUMBER OF STUDENTS: MAXIMUM

MINIMUM

ROOM REQUIREMENTS

MUST HAVE TABLES

ON PARKLAND CAMPUS

COMPUTER LAB

OFF CAMPUS

LCD PROJECTOR

BUSINESS TRAINING & COMMUNITY ED

OTHER

OTHER

PLEASE INDICATE WHAT SUPPLIES MIGHT BE NEEDED AND THE APPROXIMATE COST - PRICE WILL BE INCLUDED IN STUDENT FEE, UNLESS OTHERWISE NOTED

ITEMS	ITEMS
NUMBER	NUMBER
COST \$	COST \$
TOTAL \$	TOTAL \$

ARE STUDENTS REQUIRED TO PURCHASE ADDITIONAL SUPPLIES AT OWN EXPENSE? No Yes

APPROXIMATE COST \$ PLEASE PROVIDE A LIST, THIS WILL BE SENT PRIOR TO START OF CLASS

TEXTBOOK REQUIRED PRICE WILL BE INCLUDED IN STUDENT FEE, UNLESS OTHERWISE NOTED

APPROXIMATE COST \$

ORDERING INFORMATION

HAVE YOU RECEIVED A PAYCHECK FROM PARKLAND IN THE PAST THREE (3) YEARS? Yes No

* IF YOU HAVE NOT, YOU WILL NEED TO COMPLETE A PARKLAND EMPLOYMENT APPLICATION AND SHOW PROPER IDENTIFICATION TO BE PLACED ON THE PAYROLL. AN APPLICATION WILL BE SENT IN THE FUTURE.

OPTIONAL:

SUGGESTED STUDENT FEE FOR THIS COURSE \$

PARKLAND COLLEGE COMMUNITY EDUCATION IS A COST RECOVERY PROGRAM, THEREFORE OUR GOAL IS TO PROVIDE A REASONABLE PRICE TO THE STUDENT **AND** MEET OUR PROGRAM EXPENSES.

COMMENTS:

PLEASE ATTACH:

- RESUME
- WORKSHOP OBJECTIVES