

Course Proposal

(Courses MUST be proposed at least two months before the start date)

Instructor						
First Name Title	Last Name Birth Date/ Eagle ID					
Instructor Contact Information						
Street Address 1						
Street Address 2		_				
City	State					
Zip Code	E-Mail Address					
Phone Number	Cell Number					
Course Description						
Course Name						
Provide a brief description of the course content						

Schedule information

Days Preferred	 Monday Tuesday Wednesday Thursday Friday Saturday Sunday 					
Time Preferred		Contact Hours				
Start Date		End Date				
Location (City)		Location (Place)				
Location (Bldg)						
Room Setting/ Classroom requirements						
Compensation information						
Estimated compensation						
Estimated enrollment						
Estimated tuition						
Supplies Needed						
Supplies Cost						
Academic Unit						