

South Seattle College

Continuing Education Department

Course Proposal

INSTRUCTOR NAME _____

COURSE TITLE _____

COURSE DESCRIPTION _____

(60 words or less)

CLASS HOURS

Frequency of class (e.g. weekly) _____

Preferred day of the week _____

Length of time per class (e.g. 2 hours) _____

Total number of classes (e.g. 4) _____

Total hours of instruction (# of classes X hours per class) _____

CLASS MATERIALS

Item

Cost to student

Instructor provides _____

Student provides _____

Text required _____

CLASS SET UP

Audio Visual _____

Seating arrangement _____

Other equipment _____

PROPOSED FEE FOR CLASS _____

DESIRED COMPENSATION _____

RETURN TO:

Continuing Education Department South

Seattle Community College 6000 16th

Avenue SW

Seattle, WA 98106-1499

Attention: Sally Romero

Sally.RomeroVincero@seattlecolleges.edu

206-934-6895