

MADAWASKA ADULT EDUCATION

135 Seventh Avenue
MADAWASKA, MAINE 04756
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COURSE PROPOSAL

Please check which semester you would like to teach: ___ Fall ___ Winter/Spring ___ Summer

Thank you for your interest in teaching a course through Madawaska Adult and Community Education. Please describe the course you would like to teach and indicate your preferences for dates and times.

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Title of Course: _____

Course Description: (Describe who the course is designed for, any prerequisites that will be necessary to be able to participate, and what the students will be able to do as a result of taking this course. Please continue on back if you need more space.)

Materials: (If books are required, please list the title, publisher, ISBN # and cost. Provide a list of materials the student will be expected to supply and itemize their approximate cost. Also list materials, teaching supplies and any A/V equipment that will be needed.)

Time and Date: (Most classes meet one night per week, Monday through Thursday from 1 ½ to 3 hours per session. Courses can be anywhere from a one night workshop or up to 15 weeks for a diploma class.)

Preferred Day: _____ **# of Sessions:** _____ **Class Time:** _____ **Class Size Limit:** _____
(e.g., 6:00-9:00 p.m.)

FOR OFFICE USE ONLY

Location: _____	Reg Fee: \$ _____	TOTAL FEE: \$ _____
Start/End Dates: _____	Book Fee: \$ _____	
Times: _____	Materials Fee: \$ _____	