

COURSE PROPOSAL FORM

Please check appropriate box: Fall 200__ Winterim 200__ Spring 200__

1. Facilitator Name(s) _____

2. Address _____

3. Contact info: Home Phone _____ Office or Cell Phone _____

E-mail address: _____

4. Proposed Course Title _____

5. Course duration: 1st four weeks 2nd four weeks 8 weeks

6. Course enrollment limited? _____ If so, to how many students? _____

PLEASE NOTE: IF YOU HAVE ALREADY TAUGHT THIS COURSE AND ARE SATISFIED WITH THE DESCRIPTION OR WITH YOUR BIOGRAPHICAL INFORMATION, PLEASE IGNORE # 7 and # 8.

7. Briefly describe your course (100 words maximum) as you would essentially like it to appear in the MVILR Course Catalog:
 (You may attach a copy) _____

8. Please write a short (75 words maximum) description of your background as you would like to see it appear in the MVILR Directory of Facilitators (You may attach a copy)

9. AV/Technology Requirements _____

Circle your preference for class schedule, for both day of week and time. Please note that on Tuesdays and Thursdays, classrooms are least available to MVILR. Choices are not guaranteed.

Choice One:					Choice Two:						
Day:	M	T	W	Th	F	Day:	M	T	W	Th	F
Time:	9:20 - 10:30 a.m. (T/Th 8:30 - 9:40 a.m.)					Time:	9:20 - 10:30 a.m. (T/Th 8:30 - 9:40 a.m.)				
	10:40 - 11:50 a.m.						10:40 - 11:50 a.m.				
	12:40 - 1:50 p.m.						12:40 - 1:50 p.m.				
	2:00 - 3:10 p.m.						2:00 - 3:10 p.m.				

Please return the completed top copy (WHITE) and keep the bottom copy (Yellow)