

Date: \_\_\_\_\_



Washington Hall, 640 Bay Road, Queensbury, NY 12804  
Phone: (518) 743-2238 ♦ Fax: (518) 743-2318 -- [www.sunyacc.edu/ContinuingEd](http://www.sunyacc.edu/ContinuingEd)

**COURSE PROPOSAL**

In recognition of SUNY Adirondack’s mission of service to the community, the College provides a variety of short-term, non-credit courses and workshops designed to meet adult needs and interests, at times convenient to adult lifestyles. Non-credit courses range in topics from areas that sharpen job skills to those of personal growth, all of which are open to the general public regardless of previous educational background and which are offered with no exams, required homework or grades.

Please fill out as completely as possible and attach any additional information that would be helpful to us as we assess the appropriateness of this course in helping us serve the personal and professional development needs of our community.

**Personal Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**Proposed Course Information**

Proposed Course/Activity Title: \_\_\_\_\_

What do you consider to be the level of interest or need for this activity? Describe the audience you wish to reach.

\_\_\_\_\_  
\_\_\_\_\_

Please write a brief description of the proposed course. (Attach an extra sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this activity is restricted to individuals with previous training or other special conditions, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any equipment, special facilities, or instructional supplies needed.  
(SUNY Adirondack Continuing Education will arrange for audio/visual equipment and make copies of any handouts you need.)

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Please list any materials, with estimated costs, students will be required to purchase.

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Please indicate preferable (by numbering 1, 2, 3) days and times you would like to conduct the course.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daytime							
Evening							

**Number of Session(s):**

**Class Size:** (Minimum is generally between 8 and 10.)

Minimum number of sessions \_\_\_\_\_

Ideal class size \_\_\_\_\_

Ideal number of sessions \_\_\_\_\_

Maximum class size \_\_\_\_\_

Maximum number of sessions \_\_\_\_\_

**Length of Session(s):** (Sessions are generally 2 to 3 hours in length. This time allotment can be altered to suit individual needs.)

Minimum length of each session \_\_\_\_\_

Maximum length of each session \_\_\_\_\_

Ideal length of each session \_\_\_\_\_

Please describe your education and/or expertise relevant to instructing this course.

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Please list the names, addresses, and phone numbers of three people who are able to express opinions regarding your expertise in this area.

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Additional Comments: \_\_\_\_\_