

College for Seniors New Course Proposal Form

Date submitted: _____

Please answer all questions.

First time CFS instructors: Include a summary of your experience pertinent to course being proposed, or resume.

1. **Name of Course** _____
2. **Instructor:** _____
3. **Mailing address:** _____
4. **Telephone (home and cellphone):** _____
5. **E-mail address:** _____ **Include address in catalog?** yes no
6. **Additional instructors** (name, mailing address, telephone, e-mail):
7. **Instructor bio for catalog** (30 words or less):
8. **Course description** (no more than 60 words):
9. **Course outline:** (Provide a detailed outline for **each class meeting** including trips, guest lecturers, film, etc.)
10. **Are you willing to teach more than one section of this course in the same term?** yes no
11. **Requested term/year:** Fall 20____ Winter 20____ Spring 20____ Summer 20____
12. **Course length:** 4 weeks 6 weeks 8 weeks other: _____
13. **Maximum student limit** (enter 0 if no limit): _____

14. I am available to teach (check ALL that apply):

	Mon	Tues	Wed	Thur	Fri	Sat
9:00-11:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:30-1:30 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00-4:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:30-7:30 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any time, any day <input type="checkbox"/>	Other: _____					
Preferred days/times: _____						
Location if other than Reuter Center: _____						
Film and studio classes may be 2-1/2 to 3 hrs.; Wellness classes may be 1-1/2 hrs.						

15. Describe any special space needs: _____

16. Equipment required (check as many of the following as you will need):

None required

Player / Recorder

- cassette player
- cassette recorder
- CD player
- DVD player
- VCR and TV

Projector

- Elmo (opaque projector)
- LCD and computer
- LCD projector (have own laptop)
- slide projector
- transparency projector

Misc.

- flip chart
- lectern
- microphone/s
- portable white board
- other: _____

17. Handouts: I will need _____ copies (total number of pages per class participant; limit: 2/session/participant.)
(Example: 16 for an 8-session course or 8 for a 4-session course). Enter 0 if none needed.)

18. Textbook: none needed recommended required (should not be over \$30)

Author/Title : _____

ISBN: _____ Price: _____

19. Any additional fees or materials which the student must purchase? No Yes

If so, estimated cost per student is _____. Please provide a materials list (especially for arts and crafts courses).

20. Under which of the following categories do you want your course listed in the catalog (select one only):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> History | <input type="checkbox"/> Philosophy/Religion | <input type="checkbox"/> Women's Studies |
| <input type="checkbox"/> Computing | <input type="checkbox"/> Language/Literature/Film | <input type="checkbox"/> Psychology | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Contemporary Issues | <input type="checkbox"/> Music/Theatre Arts | <input type="checkbox"/> Finance/Math | |
| <input type="checkbox"/> Finance / Business / Law | <input type="checkbox"/> Personal Development | <input type="checkbox"/> Wellness/Dance/Recreation | |

Please return to Perien Gray (pgray@unca.edu). If you are unable to return this electronically, print the form and mail to Perien Gray, College for Seniors, CPO #5000, UNCA, Asheville, NC 28804-8516.