

College for Seniors Repeat Course Proposal Form

Date submitted: _____

PLEASE ANSWER ALL QUESTIONS...use *this form ONLY IF you have NO CHANGES in course description, outline, length of course; otherwise use NEW proposal form.*

1. Name of Course: _____
2. Instructor _____ Term you last taught this course: _____
(term/year)
3. Mailing address: _____
4. Telephone No: (home, cellphone) _____
5. E-mail address: _____ May we list your e-mail address in catalog? yes no
6. Additional instructors: (name, mailing address, telephone number, e-mail)
7. Are you willing to teach more than one section of this course in the same term? yes no
8. Requested term/year: Fall _____ Winter _____ Spring _____ Summer _____
(year) (year) (year) (year)
9. Course length: 4 weeks 6 weeks 8 weeks other: _____
10. Recommended class size: (enter 0 if no limit): minimum _____ maximum _____
11. Available to teach:

	<u>9:00-11:00</u>	<u>11:30 – 1:30</u>	<u>2:00-4:00</u>	<u>other</u>	<u>preferred</u>
(check all that apply):	MONDAY	_____	_____	_____	_____
	TUESDAY	_____	_____	_____	_____
	WEDNESDAY	_____	_____	_____	_____
	THURSDAY	_____	_____	_____	_____
	FRIDAY	_____	_____	_____	_____
12. Media/Equipment needed (check all that apply)

<input type="checkbox"/> cassette recorder	<input type="checkbox"/> slide projector	<input type="checkbox"/> microphone, handheld
<input type="checkbox"/> cassette player	<input type="checkbox"/> transparency projector	<input type="checkbox"/> microphone, regular
<input type="checkbox"/> lcd projector (have a laptop)	<input type="checkbox"/> DVD player	<input type="checkbox"/> other (specify below): _____
<input type="checkbox"/> computer & lcd projector	<input type="checkbox"/> Elmo (opaque projector)	_____
<input type="checkbox"/> VCR & TV	<input type="checkbox"/> podium	_____
<input type="checkbox"/> CD player	<input type="checkbox"/> microphone, lapel	<input type="checkbox"/> no equipment needed
13. Describe any special space needs: _____
14. I do ___ do not ___ need a class rep
15. Textbook ___ none - or - ___ required - or - ___ recommended (please check one)
Author _____ Title _____
ISBN #: _____ Price: _____ (books should not be over \$30)
16. Other class materials required? (Attach materials list if several items) Estimated cost: _____
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. Additional fees (if any): _____ For: _____

Please return to: pgray@unca.edu or print and mail to: Perien Gray, College for Seniors, CPO #5000, UNCA, Asheville, NC 28804-8516.

Revised 2/09