



# COMMUNITY EDUCATION: FEE-BASED

## NEW COURSE PROPOSAL

**Continuing Education**  
**1000 W. Foothill Blvd.**  
**Glendora, CA 91741**  
**PHONE (626) 852-8022**

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

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Alternate phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

Course Title: \_\_\_\_\_

Prerequisites: \_\_\_\_\_

Has Class Been Taught Before? Yes  No

If so, where: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

Brief course description:

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

### SCHEDULE:

Semester: Winter:  Fall:  Spring:  Summer:

Date(s): \_\_\_\_\_

Day(s) of the week: M  T  W  Th  F  Sat

Start Time: \_\_\_ AM / PM End Time: \_\_\_ AM / PM Number of Meetings: \_\_\_\_\_

Maximum Student Enrollment: \_\_\_\_\_ Minimum Student Enrollment: \_\_\_\_\_

Type of Classroom Needed (Tables, Desks, Sink, etc.): \_\_\_\_\_

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Class Fee: Per Student: \$\_\_\_\_\_

Materials Fee: \$\_\_\_\_\_

Presenter Fee: Percent to Presenter: 40%

Percent to District: 60%

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Method of Instruction (Lecture, demonstration, class discussion, hands-on activities, etc.):

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What professional certifications do you possess?

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Please describe your background, including a brief bio, and how it pertains to your proposed course:

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Class materials list, if any:

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