



Continuing Education Course Proposal - Elgin Community College

Please fill out completely and email to CEMailbox@elgin.edu

Date : _____ Semester Interested in teaching : Spring _____ Summer _____ Fall _____

Instructor's Name: _____

Address: _____

City / State / Zip: _____

Home Phone: _____ (cell/work): _____

Email: _____ Are you currently an employee of ECC? ___Yes ___No

Proposed course title: _____

Course description: Type or print clearly a description of your course as it might appear in the ECC Schedule of Classes. (ECC will edit as needed.) _____

Course objectives (Please list at least 3 objectives for you course.)

1. _____
2. _____
3. _____

Why will this course be beneficial to the ECC Community? _____

Have you ever taught this course before? ___Yes ___No If yes, where/when? _____

Target audience (Kids' College, professionals, moms, boomers, senior citizens, etc.) _____

Dates: Suggested start date _____ Suggested end date _____

Meets _____ time(s) per week for _____ week(s) on the following day(s): M T W TH F SA

Time: Suggested start time _____ Suggested end time _____ Total hours this class will meet _____

Preferred number of participants: _____ Minimum _____ Maximum

Supply list – Please list below the instructional materials and supplies you will need to teach your course and the approximate cost per student. _____

Special equipment or setup needs: audio visual equipment, computer lab, DVD/VCR, others _____

Please attach any handouts you will need for your class.

To be considered, please provide the following email attachments with this proposal:

- * a copy of your resume, licenses, certifications or other credentials
- * a biography. Biographical information may be published on the website, in direct-mail pieces, or in news releases. (ECC reserves the right to edit.)

Thank you for your interest in offering courses through ECC's Continuing Education Department. If accepted, you will be asked to either complete an employment application online and to provide a copy of your driver's license and social security card along with other forms required by the ECC HR office or be paid as a vendor by completing a W9 form. ECC reserves the right to make final determination regarding how you are compensated for instructing Continuing Education classes.

FOR OFFICE USE ONLY – Date proposal received _____ Coordinator hiring this instructor _____