

# Lakeville Area Community Education—Class Proposal Form

Class Title:

Describe the class you are proposing (attach additional information if needed):

Describe the benefit the student will receive from your class:

Instructor's Qualifications & Experience:

Have you taught the class previously?      no      yes.

If yes, what enrollment did you have and did you feel the program was successful?

Student Age:                      Max # of Students:                      Min # of Students:

# of Sessions:                      Duration (ex. 1.5 hours per class):

Preferred Class Day and Time:                      weekdays OR                      Saturday AND                      morning OR                      afternoon  
OR                      evening

Room Requirements: (tables, desks, sink...)

Additional Equipment Needed: ( VCR, overhead...)

Materials to be supplied by student:

Instructor & Supply Fees (what you charge, indicate if it a flat fee for the entire class or per person fee) Note – independent contractors must supply their own supplies, handouts...):

Other information you would like to share about your proposed class:

Contact information:

Name

Address:

City: State: ZIP

Phone: (h) (c)

Email:

Please return this form to the address listed below. Your proposal will be reviewed within 3 weeks of submittal. If Lakeville Area Community Education is interested in offering this class, you will be contacted.

Lakeville Area Community Education  
17685 Juniper Path, Suite 200 Lakeville, MN 55044  
Phone: 952-232-2170 Fax: 952-469-7396  
E-mail: amanda.cambronne@isd194.org

Office Use
Date received _____
Notes: _____
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