



COMMUNITY EDUCATION COURSE PROPOSAL FORM

Submit completed form along with a current resume and brief bio for advertising purposes to Ms. Gail Carr at [gailc@plymouth.edu](mailto:gailc@plymouth.edu) or fax to 603 535-2823 or mail to Community Education, PSU, MSC 10, Plymouth, NH 03264

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

Start Date: \_\_\_\_\_ Day(s) of the Week: \_\_\_\_\_  
End Date: \_\_\_\_\_ Start and End Time: \_\_\_\_\_

Minimum number of Students: \_\_\_\_\_  
Maximum number of Students: \_\_\_\_\_

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

Text: \_\_\_\_\_  
Author, Title  
 Required  Recommended

Preferred Location: Boyd Hyde Rounds Memorial Silver D&M PE Center  
Other: \_\_\_\_\_ Room: \_\_\_\_\_

Other Room Requirements: \_\_\_\_\_  
Audiovisual Needs: \_\_\_\_\_

Required Materials Fee  Yes, \_\_\_\_\_  No  
Amount

Will students purchase supplies/books on their own?  Yes  No  
If yes, please list items, approximate cost and where they may be purchased: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended Tuition: \$ \_\_\_\_\_ Any additional fees and purpose: \_\_\_\_\_

Have you taught this course before?  Yes  No If yes, where: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street, City, State, Zip Code

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Course Outline: Please attach a simple class outline. Include what will be covered in each session and the method of instruction (lecture, demonstration, class participation, field trip, guest presenters, hands-on activities, etc.). Specify which sessions need different audio visual equipment. Type in the expanding text box below or submit on a separate page.