



The Workforce Development Center at ...

MANCHESTER COMMUNITY COLLEGE

1066 Front Street, Manchester, NH 03102

Phone: (603) 668-6706 ext. 302

Instructor General Information Continuing Education Course Proposal Form

We welcome your proposals. Please submit a **separate form packet** for each class you propose. Save a copy of your completed proposal for your files.

In order for your proposal to be considered:

- Provide up-to-date information and answers for all fields and questions.
- Only completed Proposal Form packets will be considered.
- Provide a copy of your resumé.
- Submit by quarterly deadline: **Spring:** (Dec 1), **Summer:** (April 1), **Fall:** (June 1), **Winter:** (September 1).
- If you miss one deadline, we may consider your proposal for the next quarter.

General Information *(Please type or print legibly)*

Name: _____ **e-mail:** _____

Phone: _____ **Alt. Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

This proposal is for: Spring Summer Fall Winter **Year:** _____

Proposed Course Information *(Please type or print legibly)*

Course Title: _____

Course Description:



Why will people want to take this course? (35 - 50 words)

What are the learning objectives? What will we expect students to know upon course completion? (25 - 35 words)

Preferred Class Day(s): Mon Tue Wed Thu Fri Sat

Preferred time of day: _____

Day(s) of the week you are NOT available to teach: _____

Total number of sessions: _____ **Length of time per session:** _____

Number of people minimum _____ **Number of people maximum** _____

Preferred Room Type: _____

Equipment Request: _____

Equipment and/or supplies you will bring:

Additional Costs (not including your salary 'i.e. duplicating..'): _____

What salary do you expect to earn from this course? _____

Course books and/or materials (for student purchases):

These books are: Recommended_____ Required_____

Marketing Suggestions:

How do you plan to help market your course?

Briefly describe your teaching and learning philosophy:

What FAQs might you anticipate from students who are thinking of registering for this class?

Why would you like to teach a class through WDC at MCC? Have you taught at MCC? If yes, when and what did you teach?

Please provide two references and include phone numbers and/or e-mail (non-family):

Do you carry comprehensive general liability insurance against all claims of bodily injury, death, or property damage in amounts of not less than \$250,000 per claim and \$1,000,000 per incident?

The insurance requirement may be waived by the college.

When completed please mail this proposal to:

The Workforce Development Center
Manchester Community College
1066 Front Street
Manchester, NH 03102

Or e-mail this proposal to:

ManchesterWDC@ccsnh.edu

WDC OFFICIAL USE ONLY

Date Recieved/Reviewed _____ / _____

Final Review by _____

Proposal Status: Accepted for _____

On hold _____ Not Accepted/note:

Instructor Salary \$ _____ Course Fee \$ _____

Material(s) Costs \$ _____

Additional Costs \$ _____ (specify) _____

NOTES: