

A World of Cultures
United in Learning



Office use only:

Session _____

Date _____

Ohlone College Community Education
43600 Mission Blvd., Fremont, CA 94539
Phone: 510-979-7590, Fax: 510-979-7586
Email: comm_educ@ohlone.edu

Proposal to Teach NEW Class/Workshop (Not-for-Credit)

Proposed Title: _____

Instructor Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Fax #: _____

E-mail address: _____

Catalog Description (Description of course as you would have it appear in the Community Education schedule of classes. We reserve the right to edit as needed.):

Student Learning Outcomes (Please list at least 3 SLO's)
The student will learn:

Methods of Assessment/Evaluation of Student Learning Outcomes (please list how you plan to assess the student learning outcomes in your course; I.E. participation, quizzes/tests, assignments):

Course Outline

Please attach a course 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 audiovisual equipment.

Proposal will not be considered without this outline.

Proposed length of class: _____ sessions of _____ hours each.

Preferred campus: Fremont Newark

Days of week preferred: 1st choice: _____ 2nd choice: _____

Proposed time: Start: _____ End: _____

Suggested dates: 1st choice: _____ 2nd choice: _____

Number of students preferred: _____ Maximum class size: _____

Copy Service: Yes No

If yes, how many sheets per student? _____

Audiovisual equipment required: Yes No

Please specify: _____

Will you charge a material fee? Yes No

If so, how much? \$ _____

Will students need to purchase books or supplies? Yes No

If yes, please list and give estimate of cost and where supplies may be purchased. \$ _____

Room/Facility request/ requirements: _____

Hourly salary for presenter varies. Salary expected per hour. _____

If the enrollment falls below the minimum number (determined by Community Education), you will be given the option to teach at a reduced rate. Would you be willing to do this? Yes No

Have you taught a similar class before? Yes No

If so, where? _____

What efforts will you be making to market your class? _____

Would you like us to develop a flyer for you to distribute? Yes No

Please describe your qualification, background, education, and/or experience relative to teaching this class. Attach resume if desired.

Please describe/demonstrate through research how this course will be meeting a need for the Ohlone College District and/or Tri-Cities Community:

Thank you for your interest in the Ohlone College Community Education program. If we wish to consider your proposal, we will contact you to discuss dates and details. If we feel the proposal does not meet our current needs, you will receive notice by e-mail.

Community Education reserves the right to cancel any class at any time. If a class is canceled prior to the start date instructors will not receive compensation.

Please email us at comm_educ@ohlone.edu or call 510-979-7590 if you have questions regarding our program.