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_edu@ohlone.edu or call 510-979-7590 if you have questions regarding our program.