

Casper College Community Education

Proposal To Teach

Name: _____

Mailing Address: _____

Phone: Work: _____ Home: _____ Cell: _____

Email Address: _____

Course Title: _____

What will students learn?: _____

Target audience: _____ **Maximum number of students:** _____

Day of the week to have class: Sun Mon Tues Wed Thurs Fri Sat

Times of day: Morning Afternoon Evening **Time:** _____

Length of each session: 1.5 hrs. 2 hrs. 2.5 hrs. Other _____

Length of the series (1 day, 3 weeks, 6 weeks, etc.): _____

Date(s): _____

Supplies/materials needed to teach the class: _____

Room or equipment needs: _____

Material/supply fee per student: _____

Return completed form to:

Community Education, 125 College Drive, Casper, WY 82601
Or fax to: 268-2224

For Office Use Only

Instructor Rate: _____

Room: _____

Tuition: _____

Fees: _____