WESTMORELAND COUNTY COMMUNITY COLLEGE

Continuing Education
Course Proposal/Outline

Both sides must be completed before a personal interview will be arranged.

COURSE TITLE: _____

TOTAL HRS. (3-30): _____   **HRS. PER SESSION:** (avg. 2-3): _____   **NO. OF WEEKS:** _____

MATERIAL FEE PER STUDENT: $ _____   **MAX. NO. STUDENTS:** _____   **MIN:** _____

INSTRUCTOR:

NAME _____

ADDRESS _____

CITY _____   STATE _____   ZIP _____

DAY PHONE _____   EVE PHONE _____   E-MAIL _____

TEACHER QUALIFICATIONS for this course (list schools, degrees, or – if hobby/personal interest – length of time studied or otherwise involved in subject): _____

_____

_____

COURSE DESCRIPTION/OBJECTIVES (The description is used for advertising purposes and the college reserves the right to edit it.)**:**

_____

_____

_____

_____

_____

COURSE OUTLINE/OUTCOMES (List main topics per session and student outcomes)**:**

1. _____
2. _____
3. _____
4. _____
5. _____

TARGET GROUP(S) (If children, specify age range): _____

- Over -

EQUIPMENT NEEDED (i.e. PC/LCD, etc.): _____

TEXTBOOKS: Texts are not encouraged unless vital to the course. If required, complete the following:

Complete Title _____

Author _____ Publisher _____

ISBN # _____ Edition _____ Approximate Cost _____

	DAY	MORNING/ AFTERNOON	TIME	EVENING	TIME	OTHER*
I AM AVAILABLE	M	☐	____ to ____	☐	____ to ____	_____
	T	☐	____ to ____	☐	____ to ____	_____
	W	☐	____ to ____	☐	____ to ____	_____
	TH	☐	____ to ____	☐	____ to ____	_____
	F	☐	____ to ____	N/A	____ to ____	_____
	S	☐	____ to ____	N/A	____ to ____	_____

preferred dates, dates not available, etc.

SITES:

_____ Youngwood   _____ Westmoreland-Fayette   _____ Westmoreland-Murrysville

_____ Advanced Technology Center   _____ Westmoreland-Indiana County   _____ Westmoreland-New Kensington

_____ Public Safety Training Center   _____ Westmoreland-Latrobe

SEMESTERS AVAILABLE:

_____ Fall (September-December)   _____ Spring (March-May)   _____ Summer (June-August)

INSTRUCTOR'S SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY:

COURSE CODE _____ TOPIC CODE _____

Approved Lecture Hours _____ Lab Hours _____ Total Hours _____

CEUs: No _____ Yes _____   How many? _____

AR CODES: (In County) _____ (Out of County) _____ (Out of State) _____

Pay Instructor ☐   or other ☐ _____

Instructor Meeting _____

Approved: _____ **Coordinator**   **Date** _____

_____ **Director/Con. Ed.**   **Date** _____

Reviewed by _____ *Date* _____

Reviewed by _____ *Date* _____

Reviewed by _____ *Date* _____