## Course/Workshop Proposal

Name:										
Addres	s:									
City, S	tate, Zip	<u> </u>								
Phone:							(C)			
Email:										
1.	Course	/Worksh	op Title:							
2.	Course	/Worksh	op Descripti	on (approx	. one para	graph for u	use in MVC0	C non-credit	t brochure	):
3.			op Format ( //occasional				ession, 1 <sup>st</sup> ar	nd 2 <sup>nd</sup> choice	e of eveni	ng preferred
4.	Course	/Worksł	nop Objectiv	e:						
5.	Propos	ed Cours	e Outline (to	opics and a	ctivities fo	or each clas	ss session):			

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6.	Text, if applicable (title, author, publisher, ISBN#, approx. cost, suggested sources if possible) Is text optional or mandatory?
7.	Supplies Required (please choose one option below):
	□ Students must bring the following supplies to class:
	□ Students will purchase a pre-assembled kit/materials from instructor at first class (please list items included, and cost to student):
	☐ Instructor buys supplies using purchase order. Please include cost per student!
8.	MVCC services required (AV, technical needs, software, VCR/DVD, overhead, PowerPoint, copying, special tables, sinks, etc. This information helps us determine your room assignment):
9.	Other Information:

Please attach your resume to this form.

Please return to: Carolyn DeJohn (<a href="mailto:cdejohn@mvcc.edu">cdejohn@mvcc.edu</a>), Coordinator of Community Education, or Susan Lincoln, (<a href="mailto:slincoln@mvcc.edu">slincoln@mvcc.edu</a>) Program Specialist, at MVCC, Center for Corporate and Community Education, 1101 Sherman Dr., Utica, NY 13501