



Hudson River Community Education

Course Proposal Form

Date: _____ Instructor's Name: _____

Address: _____

City / State / Zip: _____

Phone: Home: _____ Cell: _____ E-mail: _____

Instructor Biography: _____

Course Title: _____

Course Description: Type or print clearly your description as you would like it to appear in the catalog. Include goals, topics, possible projects and class format. Hudson River Community Education reserves the right to edit.

Session(s) to be Offered: Spring___ Summer___ Fall___ Winter___

Proposed Schedule: Mon ___ Tue___ Wed___ Thur___ Fri___ Sat___ Number of Classes: _____

Dates: _____

Hours: from _____ to _____ am___ pm___

Materials Fee (per person) \$_____ Max Class Size _____ Min Class Size _____

Facility Needs: _____

Technology Needs: _____