



bossier parish
community college
ECONOMIC & WORKFORCE DEVELOPMENT

**CONTINUING EDUCATION
NON-CREDIT PROGRAM PROPOSAL FORM**

Instructor Information:

Instructor Name:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Phone:

Home

Cell

Work

Fax:

Email:

Course Information:

Course Title:

Course Description:

Course Outline:

Target Audience:

Minimum Age Requirement?

Total Course Hours:

Will CEUs be awarded? Yes No

Maximum Number of Students:

When would you like to offer this class?

Daytime (between 8:00 am – 5:00 pm):

Evenings (between 5:00 pm – 9:30 pm):

If your course meets the criteria for current industry demands, we will contact you to obtain specific dates you are available to teach based upon your preference indicated above.

Will you need any special equipment?

Computer/Projector/Screen for presentation

Computers for students

Will you be using a textbook? Yes No

Name of Textbook:

Publisher:

Edition or Date:

ISBN Number:

Are any specific supplies needed per person?