

## Continuing & Professional Studies

## CONTINUING EDUCATION COURSE PROPOSAL FORM

Return to:

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## 1. PERSONAL INFORMATION

| Name                      |   |   |
|---------------------------|---|---|
| Mailing Address           |   | State/zip   |
| E-mail                    |   |   |
| Phone (day)               | (evening)   | (cell)  |
| 2. RESUME and BIG         | ) HIGHLIGHT   |   |
|                           | ate resume with background relevant<br>perience most pertinent to this cour | nt to the proposed course or, in the space below, se.                                       |
|                           |   |   |
|                           |   |   |
|                           |   |   |
| 3. COURSE INFOR           | MATION  |   |
| Suggested course title: _ |   |   |
| Course description: Ple   | ase write a concise and informative   | paragraph or outline of the proposed course. essional Studies reserves the right to edit or |
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|                           |   |   |
|                           |   |   |

| Are you planning to teach this course elsewhere   |
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| A. OTHER INFORMATION  Number of hours of proposed course:Over how many sessions:  Suggested time of day of proposed course:Preferred day of the week:  Month or specific date if necessary  Minimum/maximum number of students: Minimum: Maximum:  5. MARKETING YOUR PROGAM   |
| If yes, for whom?  4. OTHER INFORMATION  Number of hours of proposed course:Over how many sessions:  Suggested time of day of proposed course:Preferred day of the week:  Month or specific date if necessary  Minimum/maximum number of students: Minimum: Maximum:  5. MARKETING YOUR PROGAM  |
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|   |
| Who do you envision taking your course? Who is the target audience? For example: Identify if you can the audience's age, gender, profession, educational level, family income, marital status, or any information that would identify the niche for your program:   |
| What, who, or where is the competition for your proposed course?  |
| Why do you think there is a need for the proposed course?   |
| How should your program be marketed?  |
| Do you have a mailing list available to market your program?  |
| 6. SPECIAL INSTRUCTIONS/MATERIALS   |
| What materials should participants bring to class? Please include approximate costs. What special considerations do participants need to know before coming to the first class? (for example: wear study boots, bring an apron, bring snacks or bag lunch.) Is there a prerequisite for taking your program? (for example: work or educational experience.) |

| 7. BUDGET  |
|--|
| In order to properly price your program, we need to be aware of all costs above the instructor's salary and promotional costs. Please indicate anything necessary or desirable for your program that may incur additional costs:   |
| Photocopying: (# of pages per participant)   |
| Supplies:  |
| Media and Technology: (for example a computer room, LCD projector, document camera, overhead slides, VCR or DVD player.  |
| 8. BOOKS   |
| Do you require a book or books for the course?   |
| Title:   |
| Author:ISBN:   |
| Publisher:Approximate cost:  |
| Would you prefer that the book be included with the cost of the program?   |
| Would you prefer that participants purchase the book outside of the class?   |
| 9. SPECIAL CONSIDERATION   |
| Please list any special facility needs. (e.g., room size or location, table type or size; seating arrangement.)  |
|  |
| Is the special consideration ESSENTIAL for your program or a PREFERENCE?   |
| NOTE: All rooms have whiteboards. CPS makes every effort to assure that markers and erasers are available in all classrooms. But despite our best efforts, occasionally they are missing from classrooms. As a backup, we recommend that you purchase these supplies from a dollar store. Also, please note that easels and flip charts are not available. |
| Do you have a preference for the location of the program? Lincroft, Hazlet, Freehold, Wall, Neptune, Long Branch.  |
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