OUTREACH,
BUSINESS AND
COMMUNITY DEVELOPMENT

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 BIO HIGHLIGHT

Please attach an up-to-date resume with background relevant to the proposed course or, in the space below,  
briefly describe your experience most pertinent to this course.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

3. COURSE INFORMATION

Suggested course title: ____________________________________________
Course description: Please write a concise and informative paragraph or outline of the proposed course.  
Attach any other pertinent information. Outreach, Business and Community Development reserves the  
right to edit or modify descriptions.
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
How should your name and title appear in the bulletin:

Are you planning to teach this course elsewhere ________yes ________no
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 PROGRAM

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. OBCD 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.

_____________________________________________________________________________________