

Bucks County Community College Swamp Road Newtown, PA 18940 Continuing Education (215) 968-8409 Cultural Programming (215) 968-8087

### OFFICE OF CONTINUING EDUCATION

### **Course Proposal and Outline Form**

Please complete and return this form to the Continuing Education Office for <u>each</u> course you wish to teach. If you have a particular preference for course dates, please indicate so. If your dates are flexible, please list preferred day of the week and month(s). We will contact you to confirm dates and times when your course is approved.

NAME OF	COURSE:
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Ages of Students (if children's course)			
Da	te(s):		
Tiı	me:		
Av	railable to teach at following location(s):		
NA	ME OF INSTRUCTOR: PHONE: (Work)		
	eck if new address(Home) (Cell)DDRESS:EMAIL:		
Cit	ty, state, zip:		
1.	Is enrollment limited? If so, what is the limit?		
2.	Is there a materials fee for participants? If so, how much?		
3.	3. List exact material participants will receive for this fee (Duplicated handouts may not be included; these are copied through		
	the Continuing Education Office.		
4.	Is a book required for the class? If yes, who is responsible for ordering?		
	Instructor (students will pay instructor directly)		
	Continuing Education (book fee will be included in course fee, or students will purchase from bookstore)		
	1. List any special room, space or equipment/preference, and specific dates needed:		

**<u>IMPORTANT</u>**: The State mandates that we have on file new Course Outlines each semester for each course offered. A photo copy of a previous syllabus form <u>cannot</u> be accepted. An updated resume must also accompany your proposal if you are a new instructor or have not submitted one within the past two (2) years. Keep a copy of these forms for your records.

#### THANK YOU! WE LOOK FORWARD TO YOUR PARTICIPATION!

	For Office Use Only:
Course #	
Credit Type	
CEU's	
Topic code	
AR Code	
Other Charges	



For Office Use Only:

Date Approved:	
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Approval Signature: \_\_\_\_\_

# **BUCKS COUNTY COMMUNTY COLLEGE CONTINUING EDUCATION**

### **Course Outline for Non-Credit Continuing Education Programs**

**Course Title:** 

**Dates:** 

Name of Instructor:

**Total Hours of Instruction:** 

Total Lab Hours (if applicable):

**Course Description/Summary:** 

**Course Learning Outcomes** (identifies knowledge and/or skills students can expect to acquire upon completion of course – separate sheet may be attached, if necessary):

**Course Topical Outline** ( a planned sequence of topics or learning activities for each session designed to help students achieve the learning outcomes – a separate sheet may be attached if necessary):

**Reference, resource or learning materials to be used by students** (includes text, audio/visuals, manuals, handouts, art supplies, etc.):

## BUCKS COUNTY COMMUNITY COLLEGE CONTINUING EDUCATION OFFICE TEXTBOOK REQUEST FORM

Please complete the following information if you wish students to purchase a workbook/textbook for your class. Books will be made available in the College Bookstore on or before the class start date unless otherwise arranged through this office. Please <u>do not</u> list supplementary reading material.

Course Name:
Instructor:
Book Title:
Author:
Name & Address of Publisher:

Phone Number of Publisher:

Paperback or Hardbound:

ISBN No.

Approximate Cost of Book:

Additional Comments:

Please return this form along with your Course Proposal Form and Syllabus.

Thank you.