

# WKU Society for Lifelong Learning Course Proposal Form

Curriculum Committee Contact Person \_\_\_\_\_

## Course Information

Course title: \_\_\_\_\_

Course description (75 words or less):

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**Course outline** (Attach a detailed outline for **each class meeting** including trips, guest lecturers, film, etc.)

**Requested term/year:** ☐ Fall 20\_\_\_\_ ☐ Winter 20\_\_\_\_ ☐ Spring 20\_\_\_\_ ☐ Summer 20\_\_\_\_

**Course length:** ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ other: \_\_\_\_\_

**Are you willing to teach more than one section of this course in the same term?** yes \_\_\_\_ no \_\_\_\_

**Maximum number of students:** \_\_\_\_\_

**Describe any special space and/or audio/visual needs:**

**Textbook:** ☐ none needed ☐ recommended ☐ required (should not be over \$30)

Author: \_\_\_\_\_ Title: \_\_\_\_\_

ISBN: \_\_\_\_\_ Price: \_\_\_\_\_

**Any additional fees or materials** which the student must purchase? No \_\_\_\_ Yes \_\_\_\_

If so, estimated cost per student is \_\_\_\_\_. Please provide a materials list, and note that the instructor is responsible for collecting any fees associated with the course.

**Materials for Participants:** Preferred method is to send as attachment(s) in an email or post on course web page. If paper copies are necessary, the limit is 2 pages per participant per class meeting. (Example: 16 for an 8-session course or 8 for a 4-session course). Will you be using paper copies? No \_\_\_\_ Yes \_\_\_\_

## Instructor Information

Name (including title): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell phone) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Include email address in catalog? yes \_\_\_\_ no \_\_\_\_

Additional instructors (name, mailing address, telephone, e-mail): \_\_\_\_\_

Instructor biography for catalog (40 words or less)

I am available to teach (check **ALL** that apply):

	Tues	Wed	Thur
9:00 - 10:30 a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 am - 12:30 p.m.	<input type="checkbox"/>		<input type="checkbox"/>
1:30 - 3:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:30 - 7:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any time, any day: \_\_\_\_\_

Preferred days/times: \_\_\_\_\_

Location, if other than Knicely Center: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Submit this completed form to  
Society For Lifelong Learning  
ATTN: Cindy Ehresman  
2355 Nashville Road.  
Bowling Green, KY. 42101