

Continuing Education

Continuing Education

Program Proposal Form



ion

, Q V W U X F ~~W~~ Rte: V

ion

Class Beginning Date: _____

Class Ending Date: _____

Dates: _____ Time: _____

Total Number of Days: _____

Total Hours of Instruction: _____

Amount Charged per Participant: _____

,3

Specify the Age(s): _____

Maximum Number of Participants you accept for the Camp /
Course:

If this is a Youth Summer Camp, Please Provide a Contact
Number that Parents can Reach you:

Class Room Location: Will be determined by the Office of Continuing
Education and Service-Learning and the Office of Registrar

Required Book Title: _____

ISBN#: _____

ion

x 3

x

)