COURSE PROPOSAL

Proposal submitted by the following curriculum committee member:
Name:
Phone: Email:

Instructor Contact Information
Name:
Address:
City: State: Zip:
Phone: Alternate Phone:
Email:

Proposed Course Title:

Please Indicate Your Scheduling Preference Below. We will do our best to accommodate your request.

Spring Semester: Mid-February through Mid-May
Fall Semester: Mid-September through Mid-November

Times are usually from 10:00 am – noon or 1:00 – 3:00 pm.

1st Preferred Date: Start Time: End Time:
2nd Preferred Date: Start Time: End Time:
3rd Preferred Date: Start Time: End Time:

Number of Class Sessions: _________

Maximum Class Size: _________ Minimum Class Size: _________

Class Location (check one)
☐ BGSU Firelands ☐ Off Campus at: ________________________________

Audio/Visual Needs (Check all that apply)
☐ Microphone ☐ PowerPoint ☐ Flip Chart(s) ☐ CD or DVD
☐ Other:
Instructor’s Name:

Proposed Course Title:

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<th>Special Room Set-Up:</th>
<th>Other Needs or Concerns:</th>
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**Proposed Course Description:**
(As instructor would like for it to appear in the catalog. Please include topic, goals, class format, etc.)

*BGSU reserves the right to edit.*

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**Instructor Biography:**

Please submit this course proposal to tracyd@bgsu.edu, or to any member of the Curriculum Committee.

Thank you for submitting your proposal! The committee will be in contact with you soon.