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.

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<tr>
<th>1st Preferred Date:</th>
<th>Start Time:</th>
<th>End Time:</th>
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<tr>
<td>2nd Preferred Date:</td>
<td>Start Time:</td>
<td>End Time:</td>
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<tr>
<td>3rd Preferred Date:</td>
<td>Start Time:</td>
<td>End Time:</td>
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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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<tr>
<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.*

**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.