

FOR OFFICE USE ONLY

Date: _____ Time: _____ Title: _____

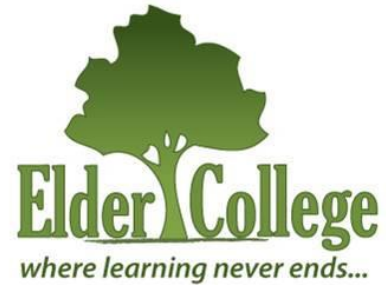
COURSE PROPOSAL

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:

Curriculum Committee Use**Final Date(s):** _____**Final 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:

Special Room Set-Up:	Other Needs or Concerns:
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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.