

**Semester\_\_\_\_\_\_\_\_\_**

# Course Description Form

**Proposed Course Title**

**Instructor**

Name Phone E-mail

Address City State Zip

**Number of Sessions** **Session length** (Circle): 1 hr 1&1/2 hrs. 2 hrs Other

(8-10=Full course, Under 8=Minicourse) (Actual class time is 10 min shorter than listed to allow for traffic between rooms)

Day/Time preferred: 1st Choice: d t 2nd Choice: d t

Location of class preference: At main location Jewish Federation Southfield Village Other

## If starting late—please request start date

## Any known dates during the semester when your class will not meet?

(example: Nov. 25)

Please specify any class size limit: Minimum Maximum?

(default Minimum: 5) (Maximum variable—if over 25, talk to us)

Is there a required text (circle)? No Yes Title?

Will there be a copy fee (circle) No Yes If so, how much?

Will students need to purchase any special materials? If so, please specify

Any special or unusual needs (AV, etc)?

## Course description:

(about 60-80 words)

FOR OFFICE USE ONLY

Verified and approved Date Room

Other Special Notes

Questions? Call 282-1901 rev: 4/5/2018