



FOR OFFICE USE ONLY	
ORIGINATOR: _____	DATE: _____
COURSE: (Check all that apply) <input type="checkbox"/> New Course <input type="checkbox"/> Existing Course <input type="checkbox"/> New Instructor	
COURSE CATEGORY: <input type="checkbox"/> Leisure <input type="checkbox"/> Workforce <input type="checkbox"/> Professional <input type="checkbox"/> Executive	
<input type="checkbox"/> Youth <input type="checkbox"/> Other _____	
APPROVAL: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Individual Application <input type="checkbox"/> Corporation/LLC
SIGNATURE: _____	

COURSE ORIGATION

SAMPLE COURSE DESCRIPTION

STAINED GLASS I & II-WALKER

LIVSG0309

Students will learn copper foil and lead techniques. Projects will introduce soldering, glass cutting, assembling design, and polishing completed art work. Students will receive a supply list at the first class, but must bring an oil filled glass cutter and pencil and paper for note taking. This course is designed for beginner and intermediate levels.

Instruction Time: 10 hours

INSTRUCTOR: Kerry Curtin

LOCATION: Literacy & Technology Center (225) 665-3303

COST: \$75

BOOK: *Stained Glass*

ISBN #: 12345678

BOOK FEE: \$35

MATERIALS: List provided on the first night of class.

MATERIAL FEE: \$50-\$100

SESSION DETAILS: Five weeks, one night per week.

DAY	TIME	SESSION I
M	6-8pm	3/2-3/30/2009

REGISTRATION DEADLINE: 2/25/2009

HOLIDAY: (class not in session): n/a

DAY	TIME	SESSION 2
M	6-8pm	4/6-5/4/2009

REGISTRATION DEADLINE: 4/1/2009

HOLIDAY: (class not in session):

YOUR COURSE DESCRIPTION HERE

COURSE TITLE: _____

COURSE DESCRIPTION:

Target Audience: _____

Instruction Time: _____ hours

INSTRUCTOR: _____

LOCATION: Hammond St. Tammany Walker Baton Rouge

COST: \$ _____

BOOK: _____

ISBN #: _____

BOOK FEE: \$ _____

MATERIALS: _____

MATERIAL FEE: \$ _____

SESSION DETAILS: _____

DAY	TIME	SESSION I

REGISTRATION DEADLINE:

HOLIDAY: (class not in session):

DAY	TIME	SESSION 2

REGISTRATION DEADLINE:

HOLIDAY: (class not in session):

Instructor Qualifications

This section to be completed for new course or changes in personal or course information

PLEASE READ CAREFULLY AND COMPLETE ALL OF THE INFORMATION:

INSTRUCTOR: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

INDIVIDUAL APPLICATION CORPORATION/L.L.C. _____
Name of Corp./LLC

W#: _____ Federal I.D.#: _____ EMAIL: _____

ADDRESS: _____
Street/No. City State Zip

CURRENT EMPLOYER: _____ STATUS: FT PT CONTRACT

I will teach the following course for the Spring Summer Fall, 20 _____

*COURSE: _____

NUMBER OF MEETINGS: _____ MAXIMUM STUDENTS: _____ MINIMUM STUDENTS: _____

COURSE SCHEDULE: _____
 1st Choice: Date(s) Day(s) Time (start - finish)

 2nd Choice: Date(s) Day(s) Time (start - finish)

**WILL YOU MARKET/PROMOTE: YES NO

SPECIAL EQUIPMENT, MATERIALS, OR OTHER NEEDS: _____

MEDICAL OR LEGAL REQUIREMENTS: _____

*PLEASE INCLUDE A RESUME, CERTIFICATE, OR LETTER DEMONSTRATING YOUR QUALIFICATIONS TO TEACH THIS COURSE

****THE DIVISION OF EXTENDED STUDIES MUST APPROVE ALL ADVERTISING MATERIAL**

Instructor Signature: _____ Date: _____

To be Completed by the Division of Extended Studies - For New Courses Only

Approved By:

Department Head: _____ Date: _____

Academic Dean: _____ Date: _____

Assistant VP for Extended Studies: _____ Date: _____

Provost, VP for Academic Affairs: _____ Date: _____

President: _____ Date: _____