

Kennewick Community Education

Class Proposal for the 2022/2023 School Year

Thank you for your interest in our adult learning program. Please complete this form and return it via email, mail or drop off to the address listed at the bottom of the page. Use a separate form for each class you propose to instruct.

Please note:

- A submitted proposal is NOT an approved class.
- If your proposal is approved, you will be contacted by the coordinator to discuss class details.
- You do not need to resubmit a proposal for the same class each session.
- We schedule one session ahead (ex. if it is currently spring, we are scheduling for fall), according to the following deadlines:

Fall (Sept. through Dec.) submissions are due <u>May 2</u> Winter/Spring (Jan. through May) submissions are due <u>Nov. 1</u>

| Contact Information | | | | | | | |
|--|----------------------|---------------|----------|-----------|--------------------|----------|--|
| Name: | | | | | | | |
| Business name: | | | | | | | |
| Address: | | | | | | | |
| Email: | | | | Phone: | | | |
| | | | | | | | |
| Proposed Class Information | | | | | | | |
| Suggested class title: | | | | | | | |
| Class fees are predetermined - If you will have supply fees for this class, please indicate an estimated amount: \$ | | | | | | | |
| Please indicate if you will instruct as a volunteer or request payment: | | | | | | | |
| Volunteer: Yes No | | | | | | | |
| Requesting payment | as a: Vendor/busines | ss Individual | Are you | currently | y employed by KSD? | Yes No | |
| Equipment: Please indicate any equipment needed (i.e. laptop, projector, docucam): | | | | | | | |
| | | | | | | | |
| Schedule: Classes are scheduled Monday through Thursday evenings, typically starting between 6 - 7 p.m., and one Saturday a month, starting after 9 a.m. The average class time is one to two hours. | | | | | | | |
| Week day | # of weeks | Start date | End date | | Start time | End time | |

| Please indicate which se | ession you would like to inst | ruct: | | |
|---|---|------------------------|-------------------------------------|--|
| Fall/Winter (Oct- Jan) | Spring (Feb - May) | | | |
| Have you instructed this | s class in the past? Yes | No | | |
| If yes, please tell us whe | n and where: | | | |
| | | | | |
| Description of proposed | d class: | | | |
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| | | | | |
| Instructor qualifications the experience you will | s - please give a short sum bring to this class: | mary of your backgrour | nd and qualifications, highlighting | |
| | | | | |
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| | | | | |
| Have you instructed for Ke | ennewick Community Education | on in the past? Yes | No | |
| Your Signature: | | | Date: | |

We appreciate our instructors and are always looking for new and innovative topics to share with our community members. We look forward to connecting with you.