



Biddeford

Adult Education

Give Yourself a Raise... Education Pays

P.O. Box 624 • 189 Alfred Street 2nd Floor

Biddeford, ME 04005

Phone (207) 282-3883 • Fax (207) 286-9581

www.biddeford.maineadulted.org

Paulette M. Bonneau

Director

Susan E. De Cesare

Community Adult Ed. Leader

COURSE PROPOSAL FORM

A. PROPOSED COURSE

Course Title: _____

Begin Date: _____ End Date: _____ Total Course Dates: _____

Day(s) of Week: Mon Tues Wed Thurs Fri Sat

Class Time: 9:00am-12:00pm 12:30pm-3:30pm 5:30pm-8:30pm

If other times are required, please discuss with Coordinator.

Minimum Enrollment _____ Maximum Enrollment _____

B. COURSE DESCRIPTION – print clearly your description as you would like it to appear in the brochure (attach a separate piece of paper). Description should be between 40 and 120 words.

C. LOGISTICS

Do you require Biddeford Adult Education to order textbook(s)? Yes No

Text Title _____

Author _____ ISBN _____

Where can this book be purchased? _____

Will you need an instructor manual? Yes No

Will there be a material fee for this course? Yes No

Will the student(s) be paying you directly for this material fee? Yes No

Is there a material list we should provide the students with? Yes No

If yes, please provide on a separate sheet of paper.

Does this course require a computer lab? Yes No

If this course requires a computer lab, what software will be required? _____

Is there special equipment necessary (ie. VCR/DVD player, projector, LCD projector, etc.). Please list

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