



# EAST LOS ANGELES COLLEGE

## Community Services Course Proposal

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INSTRUCTOR: \_\_\_\_\_ DAYTIME PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROPOSED COURSE TITLE: \_\_\_\_\_

TOTAL HOURS PER SESSION: \_\_\_\_\_ LENGTH OF CLASS: \_\_\_\_\_ (# of weeks)

AGE GROUP: (i.e. adults, 4-8yrs, 3<sup>rd</sup>-4<sup>th</sup> grade...etc) \_\_\_\_\_

MATERIAL FEE: \$\_\_\_\_\_. All material fees will be collected with registration fees in the Community Services Office. Instructors must submit material fee receipts or a justification letter to obtain a reimbursement check.

COURSE DESCRIPTION: (4-6 sentences describing main learning objectives of this class. This description will be used to advertise your class.)

SPECIAL INSTRUCTIONS FOR STUDENTS: (i.e., loose fitting clothes, do not wear sandals, bring graphing paper...etc)

WHAT IS YOUR EXPERIENCE TEACHING THIS TOPIC? (How long have you taught? Where have you taught? Please list any certificates, professional affiliations, memberships, or formal training you have related to this topic.)

COURSE CONTENT: (Please outline by topics of activities and include time schedule or weeks. Use additional pages if necessary.)

TIME ALLOCATED	TOPIC OR ACTIVITY

INSTRUCTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Thank you for your interest in conducting classes through the Community Services Department at East Los Angeles College. Your class proposal will be added to a database for consideration. If your class is approved a representative from our office will contact you.

Fax or mail your Course Proposal form and a current copy of your resume to:

East Los Angeles College  
Community Services Department  
1301 Avenida Cesar Chavez  
Monterey Park, CA 91754  
Phone: 323-265-8795  
Fax: 323-265-8687