



Merced College Community Services Instructor Proposal Form

2017 College for Kids Program

PROPOSED COURSE TITLE:		
INSTRUCTOR(S) NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:	
WORK PHONE:	FAX #:	
EMAIL ADDRESS:		

INSTRUCTOR BIOGRAPHY/QUALIFICATIONS:

CLASS HOURS (proposed)	<p>CFK Classes are two weeks in duration from M – TH; each class is 1 hour and 20 minutes...</p> <p>Please indicate all of your preferences for session dates and time slots—the more you choose, the better:</p> <p><input type="checkbox"/> Session 1: June 5-15, 2017</p> <p><input type="checkbox"/> Session 2: June 19-29, 2017</p> <p><input type="checkbox"/> Session 3: July 10-20, 2017</p> <p><input type="checkbox"/> Session 4: July 24-August 3, 2017</p> <p>Times:</p> <p><input type="checkbox"/> 8:00 – 9:20 AM</p> <p><input type="checkbox"/> 9:30 – 10:50 AM</p> <p><input type="checkbox"/> 11:00 AM – 12:20 PM</p> <p><input type="checkbox"/> 1:00 – 2:20 PM</p> <p><input type="checkbox"/> 2:30 – 3:50 PM</p>
COURSE DESCRIPTION (as it would appear in the catalog)	
NUMBER OF STUDENTS	Maximum #: _____ <i>Typical for CFK is 25</i>

EXPECTED OUTCOMES/OBJECTIVES FOR STUDENTS: (i.e. make a stain glass window, demonstrate the basic skills of baby sitting, play an 18 hole golf course, etc.)	After participating in this course, students will be able to...
COURSE OUTLINE: List activities, what will be covered, method of instruction (lecture, demo, field trip, guest presenters, activities, etc.).	Session 1:
	Session 2:
	Session 3:
	Session 4:
	Session 5:
	Session 6:
	Session 7:
	Session 8:
DUPLICATION REQUIRED:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many sheets per students? _____
AUDIO VISUAL REQUIRED:	
MATERIAL FEE?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much per student? \$ _____
STUDENTS REQUIREMENT(S)	Will students need to purchase books/supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list and give estimate of cost and where supplies may be purchased... \$ _____
ROOM REQUIREMENT(S) (if any)	
HAVE YOU TAUGHT THIS COURSE BEFORE?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, where? _____
WHAT WILL YOU DO TO HELP MARKET YOUR CLASS? (we are willing to create a flyer for you to distribute – please indicate if interested)	

Thank you for your interest in the Merced College Community Services program. If we wish to consider your proposal, we will call you to discuss dates and details. If we decide the proposal does not meet our current needs, then you will receive a notice from our office. **DEADLINE is January 20, 2017**

Contact Information:

Merced College Community Services
 3600 M Street, Box 51
 Merced, CA 95348
 (209) 384-6224
maria.ramirez2750@mccd.edu

Please submit your forms one of the following ways...

- Via email to maria.ramirez2750@mccd.edu
- Mail to Community Services (address to the left)
- Drop off to Lupe Ramirez at the Merced College Community Services Office at 630 W. 19th Street