THE ALLIANCE FOR LIFELONG LEARNING

COURSE PROPOSAL FORM

COURSE – WORKSHOP – EVENT

Date: ____________

Course Title: ________________________________________________________________


Your Name: ____________________________ Home Phone: _________________________

Address: _____________________________________________________________

[   # - Street - Apt./Condo. # - City - State - Zip Code]

Work Phone: _____________ Cell Phone: _____________ Pager: _____________

Fax#: _________________________ E-mail address: ______________________________

SCHEDULING INFORMATION: Number of Sessions: _____ Hours, per Session: ________

Preferred Day[s]:      ☐ M ☐ T ☐ W ☐ R ☐ F ☐ S ☐ U

Preferred Time[s]:     ☐ AM: ___________ ☐ Afternoon: ___________ ☐ Evening: ___________

Preferred Month[s]:    ☐ JANUARY ☐ FEBRUARY ☐ MARCH ☐ APRIL ☐ MAY ☐ JUNE

☐ AUGUST ☐ SEPTEMBER ☐ OCTOBER ☐ NOVEMBER ☐ DECEMBER

Specific Day-Date-Time Request: _____________________________________________

Preferred Teaching Location(s):

☐ Oakton Des Plaines Campus, 1600 East Golf Road, Des Plaines

☐ Oakton Ray Hartstein Campus, 7701 N. Lincoln Ave, Skokie

☐ Evanston Township High School, 1600 E. Dodge, Evanston

☐ Glenbrook South High School, 4000 Lake Ave, Glenview

☐ Maine East High School, 1111 S. Dee Road, Park Ridge

☐ Niles North High School, 9800 Lawler Ave, Skokie

Availability:

M-F, and weekends

M-F, and weekends

Tu & Th evenings

Tu & Th evenings

Tu & Th evenings

M & W evenings

[continued]
Course Title: 

Brochure Course Description: [Content summary, and how students will benefit from taking this course?]

Topical Outline of course:

Classroom needs:
Set-up: 
Equipment: 
Supplies: 
Anticipated “Lab Fee” total: $______/person. Includes: 
Honorarium Expectation: $_____/hour, or $_____/student, or “Other:” ________________