

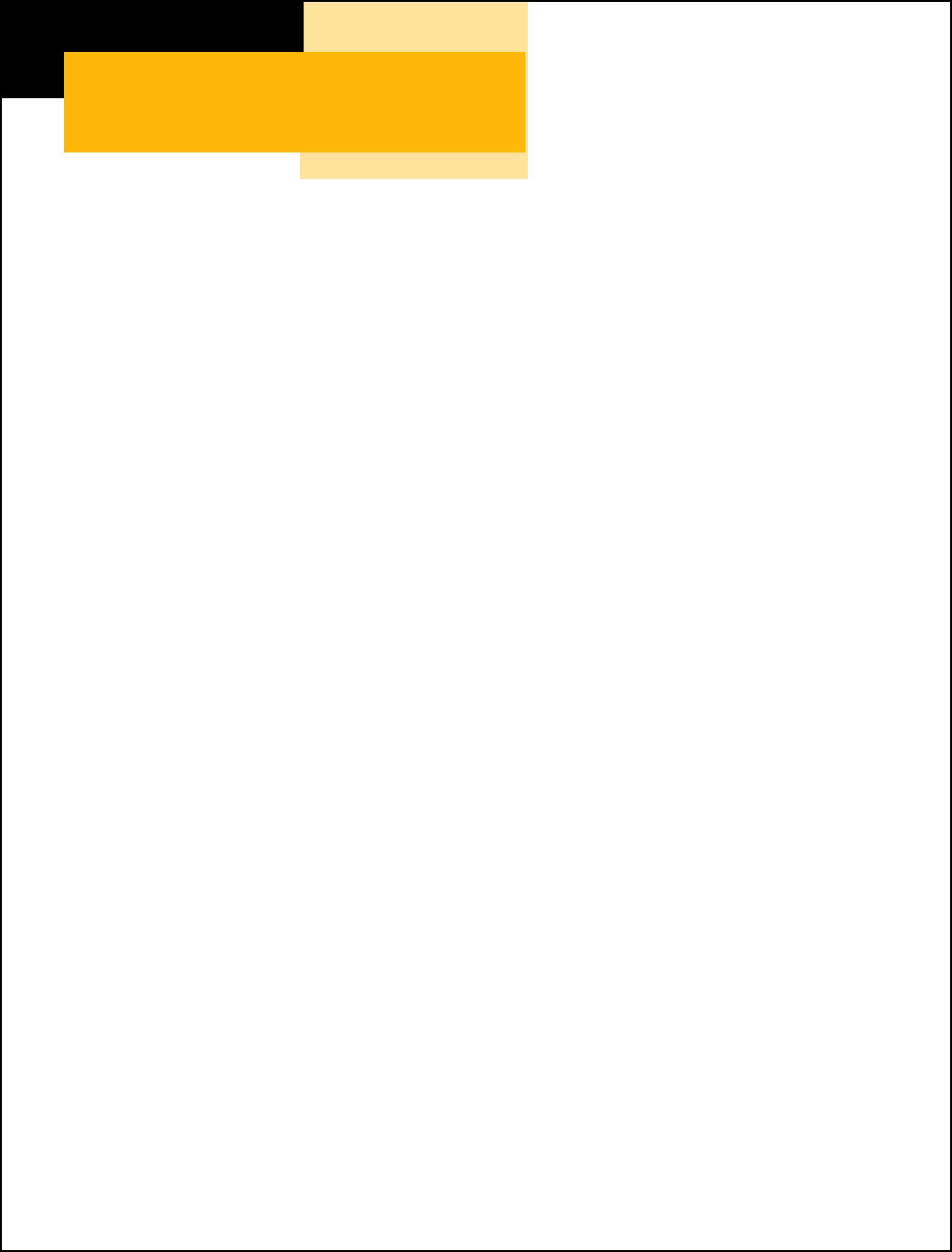
Continuing Education

Program Proposal Form

**Campus Box 4222 • 403 Main Street • Grambling, LA 71245 continuingeducation@gram.edu • www.gram.edu**

**Office: (318) 274-2547 • Fax: (318) 274-6037**

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**Instructor’s Name:**

**Street Address:**

**City: State: Zip Code:**

**Daytime Phone Number:**

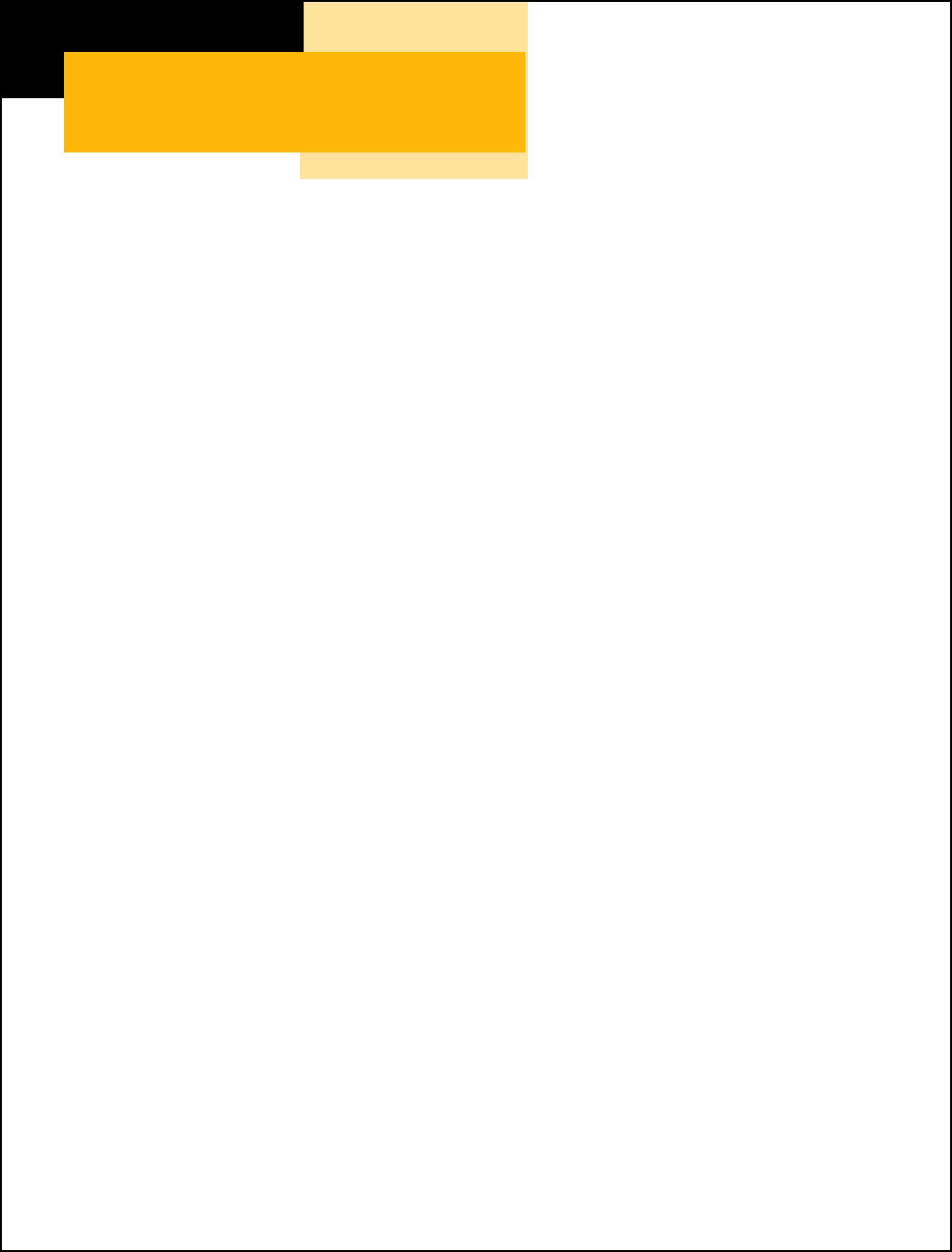
**Evening Phone Number:**

**Cell Phone Number:**

**Email Address:**

**Course Title:**

**Course Description:**

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**Class Beginning Date:**

**Class Ending Date:**

**Dates: Time:**

**Total Number of Days:**

**Total Hours of Instruction:**

**Amount Charged per Participant:**

**(Please note: Amount charged should include all the expenses such as snacks, meals, equipment, supplies, giveaways and etc.,)**

**Specify the Age(s):**

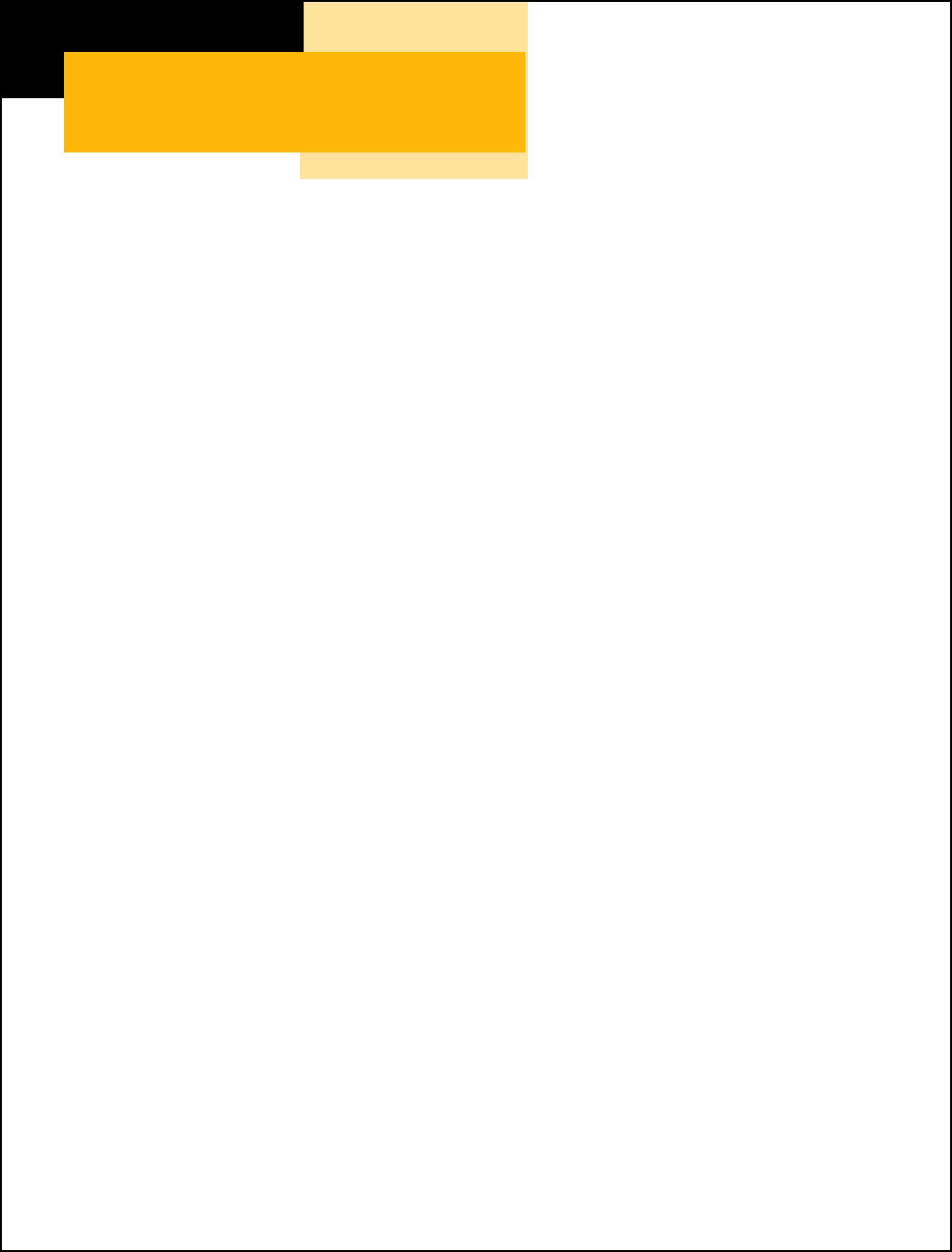
**Maximum Number of Participants you accept for the Camp / Course:**

**If this is a Youth Summer Camp, Please Provide a Contact Number that Parents can Reach you:**

**Class Room Location: Will be determined by the Office of Continuing Education and Service-Learning and the Office of Registrar**

**Required Book Title:**

**ISBN#:**

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**Please Note:**

* **All instructors must set up an appointment with the Director of Continuing Education and Service-Learning to discuss the continuing education proposal.**
* **In order to ensure your information is correct in our catalog and website, please provide a recent resume and bio.**

**If you have any questions, please contact us at 318-274-2553.**

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**Dean or Vice President Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director, Office of Continuing Education Date**