

# GRAMBLING

STATE UNIVERSITY

## Continuing Education

### Program Proposal Form

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# Continuing Education

Program Proposal Form p.1

**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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## Program Proposal Form p.2

**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**

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**Date**

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**Director, Office of Continuing Education**

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**Date**