



LORD FAIRFAX COMMUNITY COLLEGE

Workforce Solutions

Partners in Your Success

Course Proposal

Please complete the following form and fax to our Middletown office at 540-868-7020. Our programming team will review your proposal and contact you. Please be certain to leave a daytime phone number.

DATE: _____ INSTRUCTOR NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

EMAIL ADDRESS: _____ @ _____

PHONE: Day _____ Evening _____

INSTRUCTOR BIOGRAPHY

COURSE TITLE: _____

COURSE DESCRIPTION:
Type or print clearly your description as you would want it to appear in the catalog. Include goals, topics, possible projects and class format. Write in terms of what the participant will learn.

COURSE INTEREST:
How do you know there is a demand for this class and how would you reach the intended audience?

PROPOSED SCHEDULE: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

DATE(S): _____ HOURS: from: _____ to _____ AM / PM

ANY MATERIALS/TEXT NEEDED? YES NO If Yes, please explain below.

EXPLAIN: _____

