**Your name:**

**Your email:**

**Your phone #:**

**Please read carefully:** Propose your class as you would like to see it in the online catalog. Your course description may be shortened for the mail catalog. If you are proposing multiple sections of a class, please write “Section 1, Section 2, etc.” next to them. If you cannot fit all of your courses on this form, please fill out a second one. If we are unable to accommodate you, or if we have concerns regarding the costs to Community Education students, we will contact you.

**A. Requested Courses**

1. CLASS NAME:

\_\_\_ Attached is the course description/revised version \_\_\_\_ Use the same description

DATE(s): TIME:

Mode: in person \_\_\_\_ online (asynch) \_\_\_\_ online w/ scheduled meetings: \_\_\_\_

2. CLASS NAME:

\_\_\_ Attached is the course description/revised version \_\_\_\_ Use the same description

DATE(s): TIME:

Mode: in person \_\_\_\_ online (asynch) \_\_\_\_ online w/ scheduled meetings: \_\_\_\_

3. CLASS NAME:

\_\_\_ Attached is the course description/revised version \_\_\_\_ Use the same description

DATE(s): TIME:

Mode: in person \_\_\_\_ online (asynch) \_\_\_\_ online w/ scheduled meetings: \_\_\_\_

4. CLASS NAME:

\_\_\_ Attached is the course description/revised version \_\_\_\_ Use the same description

DATE(s): TIME:

Mode: in person \_\_\_\_ online (asynch) \_\_\_\_ online w/ scheduled meetings: \_\_\_\_

**B. Special Requirements**

Do you need AV? sink? computer lab? OWL? Do you need certain desks/chairs in your room, or a special type of room?

Yes: \_\_\_

If so, what do you need:

No: \_\_\_

**C. Biography**

\_\_\_ Use the same one OR \_\_\_ new bio is attached.

**D. Age Range**

* Can children attend with parents? Y\_\_\_ N\_\_\_
* Is it a 16 and over class? Y\_\_\_ N\_\_\_
* Is it an 18 and over class? Y\_\_\_ N\_\_\_

**E. Pay Negotiation**

If your class has less than 10 enrolled students, we can negotiate pay. Initial here if you are willing to teach fewer than 10 students, and to negotiate your pay for the class: \_\_\_

Return this form to: Megan Garcia

Las Positas College

3000 Campus Hill Dr.

1690A

Livermore, CA 94550

You can mail it, send it inter-office mail, or drop it off.

Or email: mcgarcia@laspositascollege.edu