



Division of Continuing Education & Economic Development
COURSE PROPOSAL

Course Title: _____

Description: _____

Prerequisites: _____

Learning Results/Outcomes: Upon successful completion of this course, students will have demonstrated the ability to:

Minimum Hours of Instructions: _____ Maximum Hours of Instructions: _____

Recommended day of WEEK: _____ Number of Meetings: _____

Recommended Semester: FALL _____ SPRING _____ SUMMER _____

Type of Facilities Required: _____

Audio-Visual Needed: _____ Equipment Needed: _____

Materials Needed: _____

Recommended Textbook: _____

Target Population: _____

Instructor Qualifications: (Resume Required) _____

Mail to:
Volunteer State Community College
Division of Continuing Education
1480 Nashville Pike
Gallatin, TN 37066

Signature _____ Date _____

Print Name: _____

Address: _____

City, State Zip: _____

Home: _____ Cell: _____ Work: _____

Email: _____