



**CARL  
SANDBURG  
COLLEGE™**

Corporate & Leisure College

## Course Proposal

Corporate and Leisure College

Carl Sandburg College

Phone 309.341.5330

### Please submit proposals to:

Carl Sandburg College | Corporate & Leisure College | 2051 Tom L. Wilson Blvd. | Galesburg, IL 61401

Email: [srucker@sandburg.edu](mailto:srucker@sandburg.edu) Fax: 309.345.3526

### Contact Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone: \_\_\_\_\_

### Course Information:

Provide a brief description of the class proposed: \_\_\_\_\_

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Target Audience – Business, Community, Youth (circle)

Course Objectives (i.e. Why would this course be beneficial to offer at the College?) \_\_\_\_\_

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Have you taught this course before? \_\_\_\_ Yes \_\_\_\_ No If yes, where and when? \_\_\_\_\_

\_\_\_\_\_

Please include the days of the week and hours you are available to teach: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special classroom equipment or set up needs: (computers, Smart Board, whiteboard, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:**

Provide two references who can speak toward your knowledge of the proposed subject:

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

List applicable experience:

\_\_\_\_\_

\_\_\_\_\_

List special certifications pertaining to proposed class:

Certificate: \_\_\_\_\_ Date Certified: \_\_\_\_\_

Certificate: \_\_\_\_\_ Date Certified: \_\_\_\_\_

Certificate: \_\_\_\_\_ Date Certified: \_\_\_\_\_

**\*Completion of the course proposal does not guarantee employment with Carl Sandburg College. Course proposal applicants will receive notification about their class within two weeks.**

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**For office use only: Review date \_\_\_\_\_ Approval \_\_\_\_\_**

**Comments:**