



FUHSD Adult School

One School Educating All

Course Proposal for FUHSD Adult School

Name _____ Phone _____

Full address _____

E-mail address _____

Recommended Course Title _____

Proposed Time Schedule: _____ # of weeks' course would run** _____ # of hours per class

Time Preference: Daytime: _____ to _____ (Saturday only) Evening: _____ to _____

Day(s) of week preferred / available: Mon Tues Wed Thurs Fri Sat

COURSE OVERVIEW:

PURPOSE OF COURSE:

PRE-REQUISITE (IF NEEDED): _____

COURSE DESCRIPTION AS YOU WANT IT TO APPEAR IN THE CATALOG:

FACILITIES AND EQUIPMENT NEEDS (i.e. Overhead Projector):

MATERIALS/BOOKS (Title & ISBN#)/SUPPLIES: (What supplies will the students be expected to have for class?)

FUTURE LEVELS? _____