

**Non-Credit Class Instructor Form**

Please fill out a separate form for each class being proposed. See additional Proposal Memo for clarification or more information. For help contact Continuing Education & Community Events at (208) 792-2447 or cabest@lcsc.edu.

<b>Course Information</b>	
<b>Semester:</b>	Fall/Winter <b>OR</b> Spring/Summer <b>Year:</b> 2007    2008    2009    2010
<b>Class Title:</b>	(Example: Beginning Basket Weaving)
<b>Location:</b>	<input type="checkbox"/> LCSC Campus <input type="checkbox"/> Grangeville <input type="checkbox"/> Orofino <input type="checkbox"/> Clearwater Valley
	<input type="checkbox"/> Other: <input style="width: 150px;" type="text"/> (Example: Bryden Canyon Golf Course)
<b>Class Calendar Dates -</b>	
<b>Section 1 Dates and Days of Week</b>	
Class Dates:	(Example: March 20 & 22 OR March 1-15)
Days of the Week:	(Example: Mon. & Wed. OR Tues.)
<b>Section 2 Dates and Days of Week</b>	
Class Dates:	
Days of the Week:	
<b>Section 3 Dates and Days of Week</b>	
Class Dates:	
Days of the Week:	
<b>Section 4 Dates and Days of Week</b>	
Class Dates:	
Days of the Week:	
<b>Number of Days in class:</b>	(A 4 week class meeting every Tues. & Thurs. is an 8 day class)
<b>Time Class Starts:</b>	<b>Time Class Ends:</b>
<b>Time the room needs opened:</b>	*If additional times are needed please clarify at the end of form.
<b>Class Size:</b>	Minimum                      Maximum
<b>Course Fees:</b>	
Base Fee \$	(Set by the instructor; Salary is 50% of the base fee)
Misc. Fee \$	Please Describe: (Example: Supplies, Equipment Rental, etc.)
<b>Are there age restrictions? (If yes, please specify below)</b>	Yes                      No
<b>Are there any special skills or a level of experience suggested/required for this class?</b>	
<b>Catalog Course Description</b>	<input type="checkbox"/> <b>Use Previous</b> (if within the last two semesters) (We reserve the right to edit.)
<input type="checkbox"/> I understand that I may teach for other LC Valley organizations (i.e., YWCA, WWCC, Lewiston Parks & Recreation, etc.); as long as I do not offer a duplication of any LCSC Non-Credit Class I am teaching this semester in the LC Valley.	

## Instructor Profile

Instructor's Name:

Address:

City:

State:  Zip Code:

May we give your phone number to prospective students? Yes    No

Email:

Phone:  Secondary Phone:

## Instructor Biography for Catalog

**Instructor Bio**  **Use Previous** (if within the last two semesters)

Please describe your qualifications the way you want it to appear in our publications. (We reserve the right to edit.)

## References

**Professional References**  **Use Previous** (if within the last two semesters)

Please give three contacts who can speak of your ability in the subject area you want to teach.

<b>Name:</b>	
<b>Phone:</b>	(       )       -
<b>Position:</b>	
<b>Organization:</b>	
<b>Name:</b>	
<b>Phone:</b>	(       )       -
<b>Position:</b>	
<b>Organization:</b>	
<b>Name:</b>	
<b>Phone:</b>	(       )       -
<b>Position:</b>	
<b>Organization:</b>	

## Course Supplies and Facilities

Please note below items required and approximate cost **per student**. Use text boxes to describe as necessary. **Be sure to specify if you do not need the equipment.** (Additional Fees are based on this information.)

If you have questions, please contact the Continuing Education Office, 792-2447 or cabest@lcsc.edu.

### Room Requirements

#### Lab/Computer Needs

I need a computer lab      Yes      No      If yes, then how many computers?

#### Audio/Visual Equipment

<input type="checkbox"/> No Equipment Needed					
<input type="checkbox"/>	LCD Projector	<input type="checkbox"/>	Elmo (Opaque Projector)	<input type="checkbox"/>	Transparencies
<input type="checkbox"/>	Laptop Computer	<input type="checkbox"/>	DVD Player/TV	<input type="checkbox"/>	VCR/TV

Please specify all room requirements or **no room requirements at all**. (sinks, desks, rectangular tables, etc) **You can also specify any miscellaneous room requests.**

### Textbooks and Handouts

#### Textbook

No Textbooks

<input type="checkbox"/> Textbook required	\$            per student for the text
<input type="checkbox"/> I would like CE to purchase	<input type="checkbox"/> I will supply the text book
Textbook Name:	
Publisher:	
Edition:	
ISBN:	

#### Handouts & Photocopies

No Materials

Number of Handouts	at \$	per student for the handout
<input type="checkbox"/>	I will supply photocopies at \$            per person.	
<input type="checkbox"/>	Continuing Ed will make copies at 5 cents per page (Instructor must provide the materials 10 days prior to class start date).	

#### Transportation

No Transportation

<input type="checkbox"/>	I need transportation for the following day/dates:
<input type="checkbox"/>	I agree to take the 15 passenger van driving test

**Miscellaneous**

Please list or clarify any information not covered by options on the form:

I affirm this form is complete with all information necessary for my class.