

Date: _____ Instructor's Name: _____

Instructor ID: _____

Address: _____

City / State / Zip: _____

Phone: Day / _____ Evening / _____ E-mail: _____

Instructor Biography _____

Course Title: _____

Course Description Type or print clearly your description as you would like it to appear in the catalog. Include goals, topics, possible projects and class format. Write in "you" terms. Lumens reserves the right to edit.

Proposed Schedule: Sun Mon Tue Wed Thur Fri SatDate: _____ Hours: from _____ to _____ am pm

Materials Fee (per person) \$ _____ Max class size _____ Min class size _____