



## *Adult Education Enrichment Class Proposal*

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### *Contact Information*

Instructor's name:

Email address:

Cell number:

May we text you? Yes No

Other phone numbers:

Address:

### *Proposed Class*

Title:

Description:

Instructor Qualifications:

Any Student pre-requisites:

Type of room or special facilities required:

Preferred day(s):

Preferred time (evening classes usually begin between 6:00 & 7 pm):

Number of sessions (once a week):

Length (in hours) of each session:

Approx. Materials Fee (paid by students to instructor, in addition to registration fee):

Minimum # of students you feel is needed to teach the class:

Maximum # of students you can accommodate in your class:

**Catalog Description of class:** (25-35 words as it will appear in the catalog that accurately describes and sells your course). Tell the prospective student what they will gain by this experience. Be Positive. Be Creative.

**Return to: Lori Sanchez at [lsanchez@vrae.org](mailto:lsanchez@vrae.org) or the address below**

