



*Nash Community College*  
Continuing Education Class Proposal Form

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Class Information

Class Title: \_\_\_\_\_

Description of Class: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outline of Class: Goals / Objectives / Topics \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Target audience: \_\_\_\_\_

Maximum number of students: \_\_\_\_\_

Proposed Start/End Dates: \_\_\_\_\_

Proposed Number of weeks or class sessions: \_\_\_\_\_

Equipment needs?: \_\_\_\_\_

Supply needs?: \_\_\_\_\_

Textbook Required?: \_\_\_\_\_

On-campus or Off-campus location?: \_\_\_\_\_

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Instructor Information

Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

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

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please forward this form to: Email [coned@nashcc.edu](mailto:coned@nashcc.edu) or Fax 252-451-8451

Thank you

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