DIRECTIONS: Please provide the following information on the course you would like to teach. In addition to completing this form, please include your resume. Return the completed form, along with your resume, to:

Temple University Ambler
The Office of Non-Credit Programs
580 Meetinghouse Road
Widener Hall
Ambler, PA 19002

Or, E-mail to: ncregistrar@temple.edu or, FAX to: (267) 468-8506

Date Submitted: ________________

1) Instructor Information

Name: _________________________________________________________

Address: _______________________________________________________

Daytime Phone: _________________________________________________

Evening Phone: _________________________________________________

Email Address: _________________________________________________

Brief Instructor Bio: (For example: Owner, ABC Company; Horticulturist and Designer; Commercial Photographer.)

_____________________________________________________________________________________________________

Detailed Instructor Bio: (In 25 words or less, describe your qualifications)

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

2) Proposed Course

Course Title: __________________________________________________

Course Description: In 110 words, or less, please describe your course

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Please specify any special skills or levels of experience (suggested or required) for participants to take this course.

_________________________________________________________________________________

_________________________________________________________________________________

3) Learning Objectives
Please include a brief description of your course objectives and what the participants should be expected to know/learn upon completion of the course.

_________________________________________________________________________________

_________________________________________________________________________________

4) Have you taught this course before? □ Yes □ No
a. If you answered “yes” where have you taught the course and do you have copies of course evaluations that you could share with us?

_________________________________________________________________________________

_________________________________________________________________________________

5) Scheduling
Number of hours (total): ___________ Number of Sessions: ___________
Please choose: Daytime _________ Evening _________
Preferred Meeting Days/Nights: (please circle) M T W Th F Sa Su
Alternate Meeting Days/Nights: (please circle) M T W Th F Sa Su

6) Supplies/Materials
AV/Media equipment needed: ____________________________________________
Special Room needed: _________________________________________________
What materials (if any) do the students need? Please keep in mind that any photocopying of handouts will be done by our office. ________________________________

_________________________________________________________________________________

Please identify any required textbooks (specify author, title, edition):

_________________________________________________________________________________

_________________________________________________________________________________

Where can supplies/textbooks be obtained? Approximate Price?