



## CONTINUING EDUCATION

Continuing Education offers a multitude of programs for our community. If you are interested in becoming a part of our Learning for a Lifetime mission, please complete the form below.

### ***Contact Information***

Name:

Name of proposed instructor (if different than above):

Title/degree:

Address:

Email:

Phone (day):

Phone (evening):

Fax:

### ***Proposed Course Information***

Title of course:

Course description: (50 words or less)

Learning objectives: (50 words or less)

Instruction methodology:

## ***Class Parameters***

Number of sessions:

Duration per session:

Preferred day(s) of week: MON TUES WED THURS FRI SAT SUN

Preferred time slot:

Location (on campus or off site):

Classroom type:

Media equipment required:

IT person required on site: YES NO

Maximum/minimum students per class:

Student cost (materials, books, etc.):

Prerequisites:

Certifications (if any):

## ***Marketing***

Do you have specific contacts that you would like us to market to?

What kinds of establishments would you market to? (businesses, organizations, hospitals, neighborhoods, etc.)

What category would the course best fit (check all that apply):

Professional Development\_\_ Preparatory Skills\_\_ Personal Enrichment\_\_ Kids College\_\_  
50+ Club\_\_

Please submit this form to: Office of Continuing Education and Workforce Development, Queensborough Community College, 222-05 56<sup>th</sup> Ave Bayside, NY 11364 OR Email to [jmontgomery@qcc.cuny.edu](mailto:jmontgomery@qcc.cuny.edu) or fax it to 718-281-5538

Revised 10/29/09 DO