



Gray-New Gloucester Adult & Community Education Course Proposal

Semester: _____ Course Name: _____

Instructor Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ e-mail: _____

Day of the week: Mon Tues Wed Second Choice: Mon Tues Wed

Start Date: _____ Start Time: _____ End Time: _____

Number of Weeks: _____

Supplies Needed: (Items students should bring) _____

Special Requests (room/projector/etc): _____

Book/Materials (required? Y or N) _____ Cost: \$ _____

Minimum # students: _____ Maximum # of Students: _____

Course Description (60-100 word limit for print, can be longer for website): _____

(Continue on back if needed. **e-mail a description to shaskins@sad15.org You may also e-mail a photo, however we cannot guarantee it will be printed.)

_____ The most recent brochure description is fine.

_____ A revised or new description is attached. (please attach if not written above)

Which category best describes your course? (circle one)

Computer	Home Repair	Travel/Adventure	Dance
Arts & Crafts	Outdoor/Gardening	Health/Fitness/Wellness	Other
Cooking	General Interest	Personal Finance	

****Please submit ideas to GNG Adult Education.****

Typically instructors are paid 75% of the collected fees and must invoice GNG Adult Education after course completion. Please note if a different structure is required.

e-mail: shaskins@sad15.org
Phone: (207)657-9612
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