

# Lifetime Learning Institute of NOVA

## COURSE PROPOSAL

*The following information is essential. Please answer all questions on BOTH PAGES of the form.*

**COURSE TITLE:**

**COURSE DESCRIPTION:** *(Provide a brief description of your course suitable for inclusion in the catalog.)*

**NUMBER OF SESSIONS:**

**SCHEDULING CLASSES:** *LLI classes generally meet one day a week for one or more weeks rather than more than once a week. Classes usually meet for 1 ½ hours, but other lengths of time can be arranged.*

**PREFERRED DATE(S):**

**ALTERNATE DATE(S):**

**PREFERRED TIME** *(Check Preference):*

10:00 – 11:30 a.m. \_\_\_\_\_ 1:30 – 3:00 p.m. \_\_\_\_\_ Other \_\_\_\_\_

**SUGGESTED LOCATION:**

**NUMBER OF STUDENTS:** *The class size determines our space requirements and also whether or not we will cancel if too few members register. Some instructors also prefer to set a maximum class size.*

**MINIMUM** *(the fewest number for which the class will meet):* \_\_\_\_\_

**MAXIMUM** *(specify maximum number you will teach; space assignment may affect this number):* \_\_\_\_\_

**SUGGESTED COORDINATOR** *(name, home and cell phone numbers; email address):*

**SPECIAL CLASSROOM REQUIREMENTS** *(e.g., A/V equipment, podium, table, blackboard, etc.):*

**SUPPLIES/MATERIALS** *(If students are expected to purchase materials for the course, please describe them and list the cost per student.)*

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## *COURSE PROPOSAL*

**INSTRUCTOR BIO.** *(Provide a brief biography for inclusion in the catalog, especially parts of your background that may pertain to the course being offered.):*

**INSTRUCTOR (NAME, ADDRESS; HOME, CELL, AND WORK PHONE NUMBERS; EMAIL ADDRESS):**

Submitted by (Please include name, phone number and email address):