

GREAT WATERS CENTER FOR LIFELONG LEARNING COMMUNITY EDUCATION COURSE INFORMATION



INSTRUCTOR:		
Name:	Date:	
Address:	Phone:	
	Email:	
Your Credentials and/or Experience:		
COURSE INFORMATION:		
Course Title or Topic:		
Please Provide a Brief Description of the Course [Topics covered, goals, etc.]		
When Would You Be Available to Teach this Course?		
Sessions: No of Sessions _____ Hrs. Per Session _____	No of Students: Minimum _____ Maximum _____	Time: Day _____ Evening _____ Either _____
Preferred Classroom Setup: [Lecture style, desks, tables, etc.]	Special Needs: [Access to computers, Power Point availability, etc.]	
Costs: [Please estimate the cost of any equipment or supplies you would need.]	Compensation: I would volunteer my time: _____ I would need to be paid: _____	
GREAT WATERS CENTER FOLLOW-UP:		
Is there sufficient interest in this offering?	Tuition:	
	Location:	
Other:		

Return Completed Form To: Cheryl Schlehber
226 North State Street
Saint Ignace, MI 49781

Website: www.greatwaterscenter.org