



Did you incur costs (room rental, food, etc) for the course previously? Y N If yes, approximately how much? _____

Are you seeking Continuing Education Units (CEUs) for this training program? _____

Is this a Credentialed Training Program? _____

If Yes, by whom and when reviewed/accredited? _____

Course Objectives: (By the end of this course, students will be able to...)

1. _____

2. _____

3. _____

Is there a **specific term or location** this class would be offered, e.g. summer only, Medford only?

Texts, Reading Materials, Media (provide details including publisher, edition, etc.):

Required: _____ Optional: _____

I understand that if selected, this course may be offered by the Continuing Education Department at Rogue Community College. I agree to be available to instruct the course, if selected, for a minimum of three terms (with schedule approved with instructor and the department) following appropriate hiring process by the College's HR department. I understand that the pay rate for community education classes is \$15 - \$30 per hour depending on the class subject and the instructor's experience, **and that instructors are required to attend an annual staff meeting.**

Signature _____ Date _____