

COLLEGIUM CAIDIS

CLASS PROPOSAL FORM

CLASS DETAILS

TITLE: _____ Length: _____ Hours

LEVEL (Indicate type of student this class is intended for): Beginner Intermediate Advanced

PRE-REQUISITES (List any experience, knowledge or training students must have to take this class):

DESCRIPTION (Please be as complete as possible. Scheduler will edit to reduce size for publication, but details are necessary for scheduling and room assignment. Use another sheet, if more space is needed):

MATERIALS YOU WILL PROVIDE FOR THE STUDENTS:

MATERIALS THE STUDENTS SHOULD BRING:

SCHEDULING

PREFERRED SCHEDULE: First Choice: Sat AM Sat PM Sun AM Sun PM
Second Choice: Sat AM Sat PM Sun AM Sun PM

SCHEDULE RESTRICTIONS (Are there any times you cannot teach this class?): _____

REQUIREMENTS

CLASS SIZE: Minimum # of students _____ if applicable Maximum # of students _____ if applicable No limit

ROOM TYPE REQUIRED (Indicate type of room required for your class. Specialized rooms are scarce; please only ask for what you really need):

Any Std. classroom Tables&Chairs Lecture Hall Water Access Open area Theater
 Outside / lawn Other

EQUIPMENT (Indicate equipment you wish Collegium to provide. Availability is not guaranteed. Please contact the Site Liaison at least a week before Collegium to verify equipment is available if it is critical to your class):

Overhead projector Slide projector Screen Easel Chalkboard or White Board
 TV / VCR Other

OTHER

Is there anything else Collegium Staff or the students need to know?

INSTRUCTOR INFORMATION

SCA NAME & TITLE: _____

LEGAL NAME: _____

ADDRESS: _____

PHONE & EMAIL: _____

PLEASE MAIL COMPLETED FORMS TO THE PROGRAMMING REGENT (listed below)

For assistance, please contact: Scheduling Regent, THL Cassandre Nicole Lousaunau (Nicole McIntosh), 310-326-8753, Scheduler@CollegiumCaidis.org
OR
Chancellor, Baron Rowen Killian (Owen Shribman), 714-799-3143, Chancellor@CollegiumCaidis.org